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PROVINCE OF BRITISH COLUMBIA

DEPT. OF EPIDEMIOLOGY

TWENTY-FIRST ANNUAL REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

SIXTH ANNUAL REPORT OF MEDICAL INSPECTION OF PUBLIC SCHOOLS AND
THE FORTY-FIFTH ANNUAL REPORT OF VITAL STATISTICS
DEPARTMENT FOR THE YEAR ENDING
DECEMBER 31ST, 1917

AND

PROCEEDINGS OF THE SECOND MEETING OF MEDICAL OFFICERS OF HEALTH
OF BRITISH COLUMBIA HELD IN VANCOUVER, B.C.,
SEPTEMBER 12TH AND 13TH, 1917

PRINTED BY
AUTHORITY OF THE LEGISLATIVE ASSEMBLY.

VICTORIA, B.C.:
Printed by WILLIAM H. CULLIN, Printer to the King's Most Excellent Majesty.
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DEPT. OF EPIDEMIOLOGY

PROVINCIAL BOARD OF HEALTH,

VICTORIA, B.C., April 1st, 1918.

To His Honour Sir FRANK STILLMAN BARNARD, K.C.M.G.,

Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Twenty-first Annual Report of the Department of Public Health for the year ended December 31st, 1917.

J. D. MACLEAN,

Provincial Secretary.

REPORT

OF THE

PROVINCIAL BOARD OF HEALTH.

DEPT. OF EPIDEMIOLOGY

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., February 12th, 1918.

Doctor the Honourable J. D. MacLean.
Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Twenty-first Annual Report of the Provincial Board of Health being for the year 1917.

Before proceeding to lay the facts before you concerning the activities of the Board during the past year I would respectfully request your consideration of a change of the time for the presentation of the Annual Report. Under our present regulations we are obliged to present the annual report at the meeting of the Legislature. In this Province the practice has been for the Legislature to meet about the second week in January. Under the circumstances it is difficult for the Department to present a report in a way that would permit of analysis of the returns received from the different sections of the Province. We have been obliged, as regards the Vital Statistics Branch, to note annually that returns have not been received from certain outlying districts; this not because of any fault on the part of the officials at these points, but owing to distance and uncertainty of the mail service. If the year embraced in the report was made to terminate the end of June, then our reports, particularly of the Vital Statistics Branch and the Medical Inspection of Schools, could be dealt with much more fully, comparisons made with the returns of the former year, and benefits noted. As it is, first, our returns are not complete, and, second, sufficient time is not allowed for other work in connection with them than their compilation for the report. The practice in the different States in the United States and in the other Provinces of Canada is to allow sufficient time from the beginning of the year to permit of a proper analysis of the facts submitted by the officials in the different departments.

I am very much pleased to say that reports of the health conditions during the year 1917 deal more with the work which has been done along educational lines rather than a report of a series of epidemics. The health of the community has been exceptionally good. There have been no alarming reports during the year, yet such conditions may not continue. It is consequently better to be always prepared to act promptly in the matter of preventive measures in any emergency which may arise. Your Board recognizes the importance of this fact and are devoting their efforts to the promotion of the interest of the public at large in health matters. The time seems to be most opportune for stimulating the attention of the public to the teachings of the Board of Health. The universal enforcement of health regulations by the military authorities upon the troops in their charge and the beneficial results that have been obtained has brought forcibly home to the people the fact that the health authorities are not faddists when they say that disease can be prevented. Our troops have been living under conditions which in normal times would not be tolerated in any community. They have been subjected to intense physical strain, irregular hours, irregular meals, and insanitary conditions of living, yet by the strict enforcement of sanitary measures and the insistence upon inoculation against disease results have been brought about that have demonstrated conclusively the truth of the teachings of the health authorities, and has done more to rivet the attention of the public in a short time than could have been accomplished by another quarter of a century of patient teaching under normal conditions. With these results before us we have been able to direct the attention of the people to and to have awakened a lively interest in health questions. We were first shown by the rejection of men presenting themselves for service that there was unfortunately a very large percentage of men unfit for military service owing to physical defects. Secondly, we were shown that the health of the men who were accepted was much better under the enforcement of military health regulations, when the man was living under the highest pressure of effort, both mental and physical, than it would have been under previous conditions in civil life.

Consideration of these aspects of health-work has naturally led the people to a serious consideration of the influence of the individual as regards his relation to the community and his environment, and as regards the efforts that he must make individually to help in prevention of disease by attention to personal hygiene and education of himself and others in the idea of prevention of disease as distinct from its cause. The Department has taken advantage of the change in public opinion and is endeavouring in every way possible to provide information through societies by way of distribution of pamphlets, the enforcement of recording of contagious diseases, and by endeavouring to enlist the active interest of the medical profession in the health propaganda. With this object in view a meeting was called of the Medical Health Officers for the discussion of health subjects and to listen to papers read on pertinent subjects. The meeting was held in Vancouver in September, 1917, the sessions lasting for two days, and the interest manifested by those who attended was very gratifying. The Department feels under a very great obligation to the members who presented their papers, and particularly to President Wesbrook, of the University of British Columbia, for the great interest he took and the assistance he gave towards making the meeting a success.

One of the first results that we have obtained from this meeting, which is particularly gratifying to the Department, is the increased interest manifested by the members of the profession in their work, and particularly so as regards the reports of the conditions in their districts. The reports have been much fuller and the comments made more general, making the reports differ very much from those that we previously received, which as a rule were more of a record of cases that had occurred. Causes are discussed and suggestions made.

I have also to acknowledge, with appreciation, the increased interest which has been taken in the question of health and the activities of the Board by the members of the Women's Institutes. They have evinced a very serious and earnest desire to co-operate with the Board, and I had the honour to meet and address the institute on three different occasions on health matters. The members of the institute expressed a desire to keep in touch with the Board and to further health interests in the localities by giving the matters their personal attention.

The health of the Province for the year has been very satisfactory; so much so as to cause very favourable comments from those who are acquainted with the returns made by our Health Officers.

MEASLES.

During last year I had to deal at some length with the history of an epidemic of measles which occurred at the end of the year and was continued on into 1917. The greatest number reported was from the City of Victoria—some 3,000 cases in the city and the districts around. We cannot emphasize too strongly the fact that measles is the most prevalent and one of the most infectious of diseases, and one, from a health point of view, that is the most difficult to deal with. Unfortunately the public look upon measles as a very minor trouble, and their chief concern seems to be, when an epidemic does come, for all their children to have it and get it over with. This is very much to be regretted, and it is to be regretted that the general public, and even physicians, discount the seriousness of the disease. The danger lies not so much in the effect of the attack itself upon the child, but with the troubles that follow it, such as bronchopneumonia, eye and ear affections, and deaf mutism.

INFANTILE PARALYSIS.

Some concern was felt during the latter part of the summer, when reports of cases of infantile paralysis began to come in, in view of the great epidemic in the Eastern States in 1916. Fear was expressed that it had come to the West and that we would suffer proportionately as they had done. Fortunately the number of cases reported did not exceed those we might expect according to the number of population; in fact, thirty-seven cases in all were reported, thirty of which were in and around Vancouver. Prompt measures were taken by Dr. Underhill, Medical Health Officer in Vancouver, and with the knowledge we have of his efficient management no alarm was felt as to the outcome.

SMALLPOX.

During the past year there were a larger number of cases of smallpox reported as compared with 1916. In 1916 there were seven cases, as against sixty in 1917. The increase was accounted for by an epidemic at Grand Forks, forty-eight cases being reported. The cases were mild, with no deaths. It originated from one of the logging camps south of the border. Grand Forks, as

the gateway for the Boundary country, has always been susceptible to slight epidemics. There were ten cases reported from the City of Vancouver; eight of these occurred during the early part of the year amongst stevedores and was due to infection from a ship from the Orient. These cases were severe, of the confluent type, and resulted in fatalities. Prompt measures were taken by Dr. Underhill, Medical Health Officer of Vancouver City, and the disease was confined to the eight cases. There was one case reported in North Vancouver and one in Victoria City.

The presence of smallpox led to some agitation on the question of vaccination, anti-vaccinationists entering a protest as regards its enforcement. I would point out, however, that while we have enjoyed particular immunity from smallpox, yet at the same time this immunity is leading to carelessness in carrying on vaccination in the children, and when an epidemic does arrive the results will be unfortunate. That such an epidemic is possible and liable to be of a serious character is shown by the nature of the eight cases referred to above that were imported from the Orient.

TUBERCULOSIS.

Tuberculosis is not hereditary; not incurable; it is contagious; it is preventable; and under certain conditions curable. The recognition of these facts, for they are facts, has been brought about by the careful study of the disease, by a careful study of the different methods of treatment, and will form a basis for the work undertaken by the Provincial Board of Health in its efforts to combat the disease. This question was discussed in our last Annual Report, and I am pleased to say that, under the direction of the Honourable the Provincial Secretary, Dr. MacLean, greater efforts are to be made for the future.

The sanatorium which was established at Tranquille has been doing splendid work, but this work is handicapped by the fact that they have been overloaded with advanced cases, with a result that accommodation is lacking for the early and curable cases. Dr. MacLean proposes to use local hospitals throughout the Province as centres for the handling of the cases in their immediate vicinity. The Government will increase the *per capita* grant to hospitals for these cases to $1 per day. Hospitals will be required to provide one-tenth of their bed accommodation for advanced cases. Tuberculosis is a reportable disease, and provision is to be made for the reporting of all cases by the medical men, to whom a small fee will be allowed for the work. A travelling Medical Officer of Health is to be employed for the work of supervision and to act as a consultant for the local Medical Officers of Health. There is to be established, with the co-operation of the Dominion Government, another sanatorium in the Province. This will be primarily for the care of the returned soldiers suffering from tuberculosis, but will ultimately revert to the Province. An effort will be made to stimulate public interest in the matter and a general campaign of education carried on. The expectation is that the public will be fully impressed with the fact that the disease is contagious, but more especially that it is preventable. Doubtful cases will be noted and can be kept under observation, and the beds of the sanatorium will be kept for cases in the early stages that, under sanatorium treatment, can be cured.

The danger of infection from tuberculosis is much greater during childhood, and I would strongly recommend the advisability of concentrating as far as possible our efforts in guarding our children and to assist the child-welfare movement which is being organized in British Columbia. I would suggest that the School Boards of British Columbia, particularly in the cities, establish open-air school-rooms for weakly and pre-tubercular children. The establishing of such school-rooms is long past the experimental stage, and the results obtained from treatment by this means of such children in the Eastern schools are such as to justify an immediate adoption of the same plan in British Columbia.

VENEREAL DISEASES.

The wastage of life in this war is rousing the public conscience in all nations to an extent where a solution has to be found for many of the cases which have been productive of serious loss of life and more particularly of efficiency in our population. Tuberculosis has been actively discussed by the people, but a false sense of modesty, false inasmuch as the health of the people is so fatally affected, has in the past prevented public attention being directed to the ravages caused by venereal diseases. Those who have closely studied the spread of such diseases point out that it is necessary, if widespread relief is to be obtained, for the public to be made to apprehend the imminence of the danger. The Governments in the different countries are acting in the matter, and while, as yet, there has not been arrived at a basis for conformity of action,

yet I would recommend to your serious consideration the conclusions arrived at by the Committee on Public Health of the Conservation Commission of Canada, which committee is of the opinion that legislation should be enacted providing for:—

(1.) Registration of cases without name and address:
(2.) Public registration and isolation of recalcitrants:
(3.) Free treatment for all who apply for it:
(4.) Free bacteriological and blood tests:
(5.) Supervision of mental defects:
(6.) The administration of the plan by a Dominion body through or in co-operation with Provincial Boards of Health.

In the recommendation made by the Royal Commission appointed by the Government of Great Britain I would especially recommend to your attention their recommendation for "The necessity of educating the public to the gravity of the effect of the disease by securing the constant assistance of voluntary agencies engaged in prevention and rescue work." Such work has been begun in British Columbia, and I would especially mention and recommend the work of the Life Conservation League of Victoria City. This League has evinced an active interest in the matter, and through the press, the pulpit, and public meetings is endeavouring to arouse public conscience to the gravity of the situation.

WATER.

A very important question came before the Board during the past year affecting the water-supply of the City and District of North Vancouver and the City of Vancouver and adjoining municipalities, which get their water from the same sources. In 1905 reservations were placed upon the watersheds by the Government reserving all alienated lands within the bounds of the watersheds. Unfortunately alienations had been made previous to this by lumber and mining companies. Their holdings had lain dormant until the last year, when they began active operations. As they were in possession of certain portions of the watersheds, the Board of Health was asked to take such measures as would safeguard the water-supply. Conferences were held with the Government and as a result arrangements were arrived at. Regulations governing the companies working on the watersheds were issued, an Inspector was appointed, and every effort was made to safeguard the health of the community. From the measures taken there is no doubt that this will be done, but I beg leave to suggest that the whole question of the watersheds for the Burrard Peninsula be dealt with as a whole: that a Water Board be established along similar lines to the present Sewerage Board of Vancouver, having control of the watershed, the supply and the distribution of the water.

During the year plans for the following were examined and approved:—

Sewerage plans: Vancouver Trunk Sewer, Trail, and B.C. Sulphite Co., of Howe Sound.
Water-supplies: Revelstoke and Trail.
Cemetery-sites: Okanagan Mission, Squamish, Fort George, Duncan, and Mapes.

Three hundred and eighty-five doses of typhoid vaccine, 1,280 vaccine points for vaccination, and 658,000 units of antitoxin were distributed.

Work for the Provincial Laboratory was done for us by the laboratory of the Vancouver General Hospital, and I have to thank Dr. Mullin, who is in charge, for the very full reports which we received of the work that he did for us. The Provincial Laboratory was not in use owing to the fact that we had been unable to secure the services of a bacteriologist, and also to the fact that the Honourable the Provincial Secretary had under consideration a rearrangement of this work.

We append a table showing returns made by Medical Health Officers of cases of contagions in the different parts of the Province. I am also incorporating reports from the Vital Statistics Branch, Sanitary Inspection, Hospitals Inspection, and the School Report. The matters more particularly in connection with these inspections are dealt with in the reports.

I would commend to your favourable notice the great interest which is taken in the work of the Department by all the members of the staff.

I have the honour to be,
Sir,
Your obedient servant,
H. E. YOUNG, M.D.,
Secretary, Provincial Board of Health.

TABLE SHOWING RETURNS OF CASES OF CONTAGIONS IN THE PROVINCE.

District.	Infantile Paralysis.		Tubercu-losis.		Mumps.		Leprosy.		Typhoid Fever.		Scarlet Fever.		Smallpox.		Diphthe-ria.		Chicken-pox.		Whooping-cough.		Scarla-tina.		Erysipe-las.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Abbotsford									2																	
Agassiz							1	1																		
Alberni City			10						1																3	
Anyox									1																	
Armstrong City	2																									
Ashcroft			2																							
Barnston Island	1																									
Blaine, Wash. (near)	1																									
Britannia Beach																	4		1						70	
Burnaby Municipality			3	1					1		10						94		4		3				43	
Chase									8	1															2	
Chilliwack									3																	
Clinton			1																						1	
Coquitlam Municipality									2																	
Cowichan Municipality																									18	
Creston			2	1															20						85	
Cumberland City			7																				2			
Duncan City																	1									
Esquimalt Municipality																	6								110	
Fernie City									21		1														9	
Field																									8	
Floodville			1	1																						
Ganges															1											
Grand Forks			1	1					7		6	2	48												244	2
Hedley									1																	
Hope									1																13	
Islands, The																									1	
Kelowna City			4	4					2																	
Keremeos																									25	
Lillooet																									5	
Lucerne			1																						1	
Lytton																									2	
Mossel											1															
Matsqui Municipality			2						1		2								18						6	
Merritt																			1						36	
Mission Municipality			5						2		3														15	
Nanaimo City									3						18	2										
Needles																	1									
Nelson City											4								24						4	
North Bend	1																									
Peachland Municipality																										
Phoenix City			2						3																7	
Point Grey Municipality	2								1		20				1		48		9				1		13	
Port Essington																										
Port Hammond	1																									
Port Simpson																										
Carried forward	8		41	8			1	1	59	1	47	2	48		20	2	154		77		3		2		770	2

TABLE SHOWING RETURNS OF CASES OF CONTAGIONS IN THE PROVINCE—*Concluded.*

District.	Infantile Paralysis.		Tuberculosis.		Mumps.		Leprosy.		Typhoid Fever.		Scarlet Fever.		Smallpox.		Diphtheria.		Chicken-pox.		Whooping-cough.		Scarlatina.		Erysipelas.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Brought forward	8	....	41	8	....	....	1	1	59	1	47	2	48	....	20	2	154	....	77	....	3	....	2	....	770	2
Prince Rupert City	....	....	....	....	....	....	....	....	2	1	....	....	....	....	....	....	19	....	146	....	....	....	1	....	3	....
Princeton	....	....	....	....	10	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	99	....
Revelstoke City	....	....	....	....	....	....	....	....	7	....	8	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....
Richmond Municipality	....	....	....	....	....	....	....	....	....	....	5	....	....	....	....	....	....	....	....	....	....	....	....	....	600	....
Saanich Municipality	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	15	....
Sidney	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	5	....	....	....	....	....	....	....
Smithers	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	12	....	2	....	....	....	....	....	....	....
Sooke	....	....	6	5	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
Summerland Municipality	20	....	288	158	386	....	....	....	80	2	131	2	10	3	73	10	4	....	....	....	....	....	....	....	....	....
Vancouver City	....	....	1	....	....	....	....	....	2	1	19	1	1	....	....	....	286	....	84	3	....	....	....	....	....	....
Vancouver, North	8	1	23	12	....	....	....	....	2	....	38	1	....	....	....	....	16	....	....	....	....	....	....	....	222	1
Vancouver, South	....	....	....	....	....	....	....	....	8	....	....	....	....	....	6	....	102	....	9	1	....	....	....	....	30	....
Vernon City	1	....	69	37	....	....	2	....	12	1	20	....	1	....	44	2	12	....	4	....	....	....	....	....	192	1
Victoria City	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
West Coast	....	....	1	1	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2300	....
Yale	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....
Totals	37	1	429	216	396	....	3	1	125	6	269	6	60	3	143	14	605	....	328	4	3	....	4	....	4234	4

GENERAL REPORTS.

SANITARY INSPECTION.

Victoria, B.C., February 1st, 1918.

H. E. Young, M.D.,
Secretary, Provincial Board of Health, Victoria, B.C.

Sir,—In presenting the Seventh Annual Report pertaining to the work of sanitary inspection for the year ending, I beg to preface it by reminding you of the fact that this branch of the public health service was the first to suffer in man-power through war conditions, and as each member of the staff removes the vacancy still remains as such, in the hopes of an early termination of the great conflict, when it is presumed that the staff may regain its original strength. Much extra time and labour has been pressed upon the remnant left to carry on the service: in the meantime industrial development has made such strides, as predicted in my last report, that to-day there are 100,000 people employed outside of the cities and in what has been fitly termed the vast "outdoors" of British Columbia. The larger part of these new industries are located near tide-water on islands or inlets, many of them off the regular traffic routes. For reasons already given the sanitary welfare of these numerous industrial camps has not received the desired attention during the past two years, although in the Interior sanitary-inspection work has been attended to by the Provincial police, who are ex-officio Sanitary Inspectors. Complaints have been numerous and reference made in the press, one editorial of a widely circulated "daily" pointing out most emphatically that in view of the expansion taking place some more adequate measure of sanitary welfare for logging and other camps is imperatively necessary. This is undoubtedly true, and is further emphasized by the records of the large city hospitals, which show that the majority of typhoid and other infections come from the outside districts, where conditions are conducive to the spread of infection. Through the efforts of the Honourable the Provincial Secretary means are being provided whereby a thorough and persistent campaign will be taken up for enforcing the regulations dealing with such conditions.

Among the numerous new industrial enterprises under way and in contemplation, mention should be made of what promises to be the largest pulp and paper mills in the world, located at Port Alice, Quatsino Sound. Others have been brought into operation at Port Mellon, Swanson Bay, and Ocean Falls. The Powell River plant is operated at capacity limit, and the B.C. Sulphite Co., at Howe Sound, are enlarging to double present capacity. A large number of copper and zinc properties are being developed at different points, whilst the logging industry is only limited by labour procurable. Spruce and fir to the amount of $50,000,000 has been contracted for by the Munitions Department, in addition to an increased commercial demand. Space forbids enumerating to any extent the tremendous development going on, and I have merely mentioned facts to show the necessity of providing means and ways to protect and promote health conditions at the points selected for the industrial camps in unorganized territory, where no governmental supervision exists beyond the nearest Provincial constable or Government Agency, sometimes one or two days' travel distant. However, the men behind these large enterprises are shrewd enough to recognize the fundamental value of selecting sanitary sites for the housing of their employees. The Powell River Townsite is a good sample of such foresight. The larger the enterprise the less trouble for our Inspectors in enforcing the Provincial regulations. With few exceptions, the small and medium-size camp operators, employing from 10 to 100 men, are the most difficult to convince of the necessity of observing sanitary regulations. The greatest outstanding feature to the credit of all employers operating camps with kitchen and bunk-houses is the fact that without exception the food provided is the best obtainable and without stint. In the past we have not had occasion to give much credit for the manner of housing and other comforts provided to employees in the small camps. In future a greater consideration in that respect will be demanded. Another need for all camps is educational pamphlets dealing with the increasing prevalence of syphilis, also the value of typhoid prophylactic inoculation, and for the rural settlements similar literature or posters for the attention of parents, guardians, and school-teachers in reference to prevention of common ailments [illegible]

tem children; and again I would respectfully suggest that an amendment be made to the "Land Act," prohibiting the registration of any subdivision for townsite or residential purposes until the approval of the Provincial Board of Health has been obtained. The lack of such is shown in the almost insurmountable insanitary conditions of several of our newer towns established during the late boom. Such an amendment would prevent "history repeating itself" in that respect; furthermore, our sister Provinces and States have adopted such legislation. The State of California provides that all land sold or subdivided for residential use must be provided with pure water-supply, facilities for sewage-disposal, graded streets, lanes, and approved sidewalks.

During the early part of 1918 the service of this Department was invoked for the purpose of protecting a community from the serious endangering of a water-supply through the inefficiency of a supposedly well-designed and built septic system used for the drainage from a large institution. One fatal case of typhoid had already occurred. Upon investigation it was found, first, that the septic action of the tanks had been nullified by the lack of grease-traps; second, no provision had been made for rest and clean-outs; third and worst feature was the fact that the outlet from tanks was straight to a fresh-water stream used by neighbours for domestic purposes. The first and second defects were remedied in the usual manner, and a well-laid sub-irrigation system adopted for the discharge, the old discharge-pipe being removed entirely. The results have been very satisfactory.

At Vernon during the past few years the residents of a splendidly improved farming community have been subject to a nuisance caused by the periodical removal of sludge from the tanks of a sewage plant owned by the city. The Government was petitioned and the matter was placed with this Department for attention. Arrangements were made with the city authorities that I should be on hand during the next clearing operation. This was done, with the results that by suggested minor changes in equipment and method the nuisance has been eliminated 90 per cent. and the cost of operation likewise reduced, the results being much appreciated. Details of this work are on file and would be good reading to any one interested in the varied angles of sludge-removal.

During the early part of last summer the Municipalities of Armstrong and Spallumcheen complained to the Board in regard to a very offensive odour arising from Otter Lake. The Water Rights Branch were also appealed to. Mr. F. W. Groves, C.E., and the writer made a joint survey of the lake and its sources. The nuisance or annoyance was found to be caused by decaying algæ known as *Hydrus fatitus*, its presence causing a very offensive smell. The lake is shallow and sluggish. As a remedy it was suggested that the outlet of the lake be cleared to promote action and a small quantity of bluestone, 1 to 10,000 parts, be used in those portions of the lake where the growth of algæ is noticeable.

During last September a serious outbreak of typhoid occurred in a logging camp in the Crowsnest country; total number of cases, 20; fatal, 6. As soon as notified, this Department inspected the camp and at once condemned the site as insanitary. Repeated visits have been made by the Provincial police under instructions from the Provincial Board of Health to see that the camp is not used again under the old conditions. From investigation made it appears that one of the employees had suffered from typhoid fever in an adjoining State a year ago. The general conditions of the camp were insanitary, no fly-screens provided or any disinfecting precaution being thought of, manure allowed to accumulate, and everything was favourable for the propagation of the greatest typhoid-carrier, the fly. There were several sources of good water available, but the poorest was most convenient and that was the choice.

The question of the contamination of watersheds and sources of water-supply of the Cities of Vancouver and North Vancouver has assumed an immediate importance owing to the fact that timber limits lying in the watershed area are being worked and mines are to be developed. The enforcement of regulations for the protection of the water-supply will throw an increased responsibility on your staff.

In the fish- and food-canning supervision by this Department I regret to say that the recent expected big year was to many canners a disappointment. The sanitary conditions of these establishments on the lower part of the Mainland Coast have been satisfactory except in an isolated case.

The salmon-canneries located on the Nass and Skeena Rivers, Rivers Inlet, Smith Inlet, and Johnstone Strait were visited during the early summer per regular steamer. The general sanitary conditions were found to be good. A few requests were made where needed regarding

bunk-houses and conveniences. The regulations in reference to the disposal of fish-offal has not so far been rigidly enforced owing to the fact that the majority of them are isolated, and also the purchase of the necessary machinery to handle the offal is at this time impossible owing to war conditions. There are two responsible companies contemplating the erection of fish guano and oil plants to serve these northern canneries just as soon as conditions permit. In the meantime we are demanding that many of the existing offal-chutes be extended in order to prevent the accumulation of fish-offal upon the foreshore which may be exposed at very low tides. There have been many complaints of abominable odours caused by the careless disposal of offal at the northern canneries. There is no necessity for such, and we are endeavouring to see this annoyance abated without hardship to the canners or fishermen. Were it not for prevailing abnormal conditions in securing material and labour for such work, drastic action would be taken.

On the Lower Fraser River inspection visits were made to the following canneries: Scottish Canadian, Lighthouse Cannery, Gulf of Georgia, Steveston Cannery, Columbia Cod Storage, Imperial Cannery, Phoenix Cannery, Britannia Cannery, Gosse-Millard Cannery, Colonial Cannery, Richmond Cannery, Great West Cannery, Vancouver Cannery, also Nanaimo Cannery and Great Northern Cannery on Burrard Inlet. The strict enforcement of our regulations governing canneries and the hearty co-operation given by the cannerymen has brought about almost perfect methods in the handling of this important food staple, so much so as to elicit most favourable comments from tourists and experts visiting these canneries.

The automatic handling of the fish by machinery is gradually bringing about an ideal condition of sanitation as regards the preparation of the salmon for the market. The machines installed are most ingenious, almost human in their perfect work, cutting, washing, slicing, and filling into solderless sanitary cans under the closest scrutiny of skilled artisans.

Colouring or chemical artifices have never been introduced into the salmon-canneries of British Columbia. In the past season our work in this direction was curtailed to some extent owing to the launch acquired from the Forestry Department needing extensive repairs. Lack of labour and material necessary for such work was not readily available owing to existing war conditions. The difficulty is now being overcome, and through the agency of this long-needed equipment the Department will be in an improved position to cope with the increasing demands for sanitary supervision in cannery and other industrial camps and settlements scattered along the 5,000 mile coast-line of this Province.

During August complaints were heard in reference to the insanitary conditions existing at some of the fruit and vegetable canning and evaporating plants of the Okanagan Valley. In many instances I found the complaints justified. Toilet and lavatory arrangements provided for the employees were insanitary and inadequate. This was my first visit, and in justice to the managers it is only fair to say tht my inspection was welcomed, and nearly every one expressed a wish to carry out any official suggestions which would promote efficiency and improve the comfort of the employees. Most of these plants are located within municipal limits, but the local authorities are inclined to think the Provincial Board of Health should exercise a supervising control in so far as sanitary conditions are concerned where food products are prepared for Provincial and export consumption. I beg to suggest the formulating of suitable regulations governing these establishments similar to those used for the salmon-canneries, which have been found to work in a highly satisfactory manner.

Our files show inspection reports and correspondence on the following establishments: Graham Evaporating Co., Armstrong; Graham Evaporating Co., Vernon; Dominion Fruit Cannery, Vernon; Western Canning Co., Kelowna; B.C. Evaporating Co., Kelowna; Independent Fruit Cannery, Peachland; Western Canners Co., Ltd., Penticton.

The total number of employees approximate some 800; 20 per cent. women, 50 per cent. boys and girls, 10 per cent. white skilled mechanics, and 10 per cent. Oriental. The past fruit season has been very successful in the great Okanagan Valley for growers and canners alike. Several large canning and preserving plants are expected to be built to take care of the increased crop expected during the coming season.

During the early part of the past summer complaints were lodged with this Department regarding insanitary and inadequate conveniences and lack of drinking water for employees of the Shand Works, on James Island. Several special visits were made, and it was found that the company had already recognized the needs and was taking practical steps to remedy the

gr[illegible]nce (since completed). This concern employs several hundred men and is gradually building up a model town. A very competent first-aid man is continually on the works and special facilities provided for quick medical attendance in case of accident.

Complaints have recently been lodged regarding water-pollution at several seaside summer resorts well patronized by Vancouver and New Westminster citizens. These places will have our attention before the coming season.

In reference to the requirement of provision of first-aid in industrial camps, I find that the smaller camps are the principal offenders in their neglect of such provision. There is a great improvement in this respect, however, since we have been able to avail ourselves of the services of the Provincial police as Sanitary Inspectors in the outlying districts. A complete list of the existing camps has been supplied by a careful canvass of the different police districts, and also through the courtesy of the Forestry Department, who supplied us with a list of the logging camps. Under the present system of reporting by the police we are able to keep in touch with all new camps and to give immediate attention to complaints.

The operators have shown a great willingness to carry out all suggestions offered, and the provisions of section 2 of "An Act for the Protection of Workmen engaged in Industrial Operations" are being observed to a much greater extent than formerly. The section referred to is as follows:—

"2. Every employer of labour directly or indirectly operating any mine, camp, construction-work, or industry employing more than thirty persons, and being situated more than six miles from the office of a medical practitioner, shall at all times maintain in or about such industry or works at least one person possessing a certificate of competency to render first aid to the injured, and shall also provide a good and sufficient ambulance box or boxes."

I would recommend that the above, in so far as requiring the provision of an ambulance-box, should apply to railway-trains and also to steamers on inland waters. The importance of antiseptic treatment of even slight wounds and of other first aid in cases of emergency is now generally recognized. Many thousands of dollars compensation, the Workmen's Compensation Board's statistics will show, might be saved by preventing blood-poisoning and other serious consequences by the proper use of "first-aid services."

In conclusion, permit me to remind you that the office files will show that the work of this branch of the Department has been carried on in a systematic manner and the varied conditions dealt with as presented, and I am pleased to be able to say that without exception most courteous treatment is accorded to our Inspectors wherever their duties call them.

I have, etc.,

FRANK DEGREY,
Chief Inspector.

HOSPITAL INSPECTION.

VICTORIA, B.C., February 1st, 1918.

H. E. Young, M.D.,
Secretary, Provincial Board of Health, Victoria, B.C.

SIR,—In submitting for your consideration the Fifth Annual Report on Hospital Inspection in British Columbia, I am pleased to say that no serious event has occurred in hospital circles here to mar the report of the capable management shown during the past year.

The following licensed private hospitals have been periodically inspected and any changes or improvements suggested have been carried out:—

Arnold Maternity Home (Matron, Mrs. M. Arnold), 316 Robson Street, Nelson, B.C.
Bent Sanatorium (Matron, Mrs. E. Bent), 245 Fenwick Avenue, Cranbrook, B.C.
Britannia Hospital (Superintendent, Dr. Burke), Britannia Beach, Howe Sound, B.C.
Bass Maternity Home (Matron, Mrs. M. C. Bass), 2625 Prior Street, Victoria, B.C.
Bute Hospital (Superintendent, Mrs. M. E. Johnson), Bute and Robson Streets, Vancouver, B.C.
Bell Nursing Home (Matron, Mrs. L. Bell), 756 Cloverdale Avenue, Victoria, B.C.
Convalescent Home (Matron, Miss E. O'Brien), 67 Wellington Avenue, Victoria, B.C.
Coquitlam Hospital (Superintendent, Dr. Sutherland), Port Coquitlam, B.C.

Corbman Maternity Home (Matron, Mrs. E. Corbman), 855 Eleventh Avenue East, Vancouver, B.C.
Down Maternity Home (Matron, Miss Rose Down), Battle Street West, Kamloops, B.C.
East Kootenay Hospital (Superintendent, Dr. Garner), Jaffray Street, Fernie, B.C.
Grandview Hospital (Superintendent, Dr. E. Hall), 1096 Victoria Drive, Vancouver, B.C.
Handley Maternity Home (Matron, Mrs. J. Handley), 1218 Queen's Avenue, Victoria, B.C.
Harbour View Sanatorium (Matron, Miss E. McLeash), 370 Second Avenue East, North Vancouver, B.C.
Impey Maternity Home (Matron, Mrs. M. A. Impey), 243 Eighth Avenue West, Vancouver, B.C.
Kitsilano Private Hospital (Superintendent, Miss Annie Scott), 2494 Third Avenue West, Vancouver, B.C.
Lonsdale Private Hospital (Matron, Mrs. M. D. Schultz), 1900 Lonsdale Avenue, North Vancouver, B.C.
Moore Nursing Home (Matron, Mrs. E. Moore), Baker and Falls Street, Nelson, B.C.
More Maternity Home (Matron, Mrs. C. More), 949 Fisgard Street, Victoria, B.C.
McGuffie Maternity Home (Matron, Mrs. M. A. McGuffie), 628 Columbia Street, Kamloops, B.C.
McKenzie Nursing Home (Matron, Mrs. F. McKenzie), 1781 Second Street, Victoria, B.C.
Rutherford Maternity Home (Matron, Mrs. E. Rutherford), 2321 Shakespeare Street, Victoria, B.C.
Roadley Nursing Home (Matron, Mrs. L. Roadley), 360 Battle Street, Kamloops, B.C.
Roycroft Private Hospital (Matron, Miss Roycroft), 1036 Haro Street, Vancouver, B.C.
Ross Convalescent Home (Matron, Miss E. G. Ross), 1145 Faithful Street, Victoria, B.C.
Salmon Maternity Home (Matron, Mrs. A. Salmon), Garden Avenue, Cranbrook, B.C.
South Vancouver Private Hospital (Superintendent, Mrs. Jane Webb), 1298 Fifty-first Avenue, South Vancouver, B.C.
Skelland Nursing Home (Matron, Mrs. E. Skelland), 2316 Lee Avenue, Victoria, B.C.
St. Luke's Home (Superintendent, Sister Francis), 309 Cordova Street, Vancouver, B.C.
Sunnyview Sanatorium (Superintendent, Dr. Irving), Powers Addition, Kamloops, B.C.
Tomley Maternity Home (Matron, Miss L. Tomley), 129 Twenty-second Avenue West, South Vancouver, B.C.
Victoria Private Hospital (Superintendent, Miss J. B. Archibald), 1116 Rockland Avenue, Victoria, B.C.
West End Hospital (Superintendent, Miss H. G. Tolmie), 1447 Barclay Street, Vancouver, B.C.
Witt Maternity Home (Matron, Mrs. A. C. Witt), 1845 Forty-sixth Avenue East, South Vancouver, B.C.
Winters Nursing Home (Matron, Mrs. M. Winters), 1020 Harwood Street, Vancouver, B.C.

Improved means of fire-escape and protection for every hospital and safer repositories for medicines or drugs have been persistently advocated with gratifying results. One sanatorium (Neal Institute) has closed its doors through lack of patients, and one convalescent home has closed for the same reason. Four private maternity hospitals have voluntarily closed through those in charge having tendered their services for hospital-work overseas. Three new licences have been granted and a number of applications considered, but not granted owing to lack of necessary qualifications on the part of the applicant or to the premises not being suitable. One licence has been temporarily suspended. A number of illegal so-called maternity or lying-in homes have been suppressed in various parts of the Province, demonstrating the necessity of constant vigilance in carrying out the provisions of the "Hospital Act Amendment Act."

The large public institutions, being under control of a Governing Board, with two of the members representing the Government, are not subject to the same inspection visits except for specific reason. A cordial co-operation exists, however, and much valuable information furnished for the purpose of tracing infection sources in the outlying districts.

The following Government-aided charitable and public institutions were visited:—

St. Paul's Hospital, Vancouver, B.C.
Alexander Orphanage, Vancouver, B.C.

Children's Aid Society, Vancouver, B.C.
Monastery of Our Lady of Charity, Vancouver, B.C.
Salvation Army Maternity Home, Vancouver, B.C.
Providence Orphanage, New Westminster, B.C.
St. Mary's Hospital, New Westminster, B.C.
Orange Orphans' Home, New Westminster, B.C.
Quamichan Boys' Protectorate, Quamichan, V.I., B.C.
St. Ann's Orphanage and School, Nanaimo, B.C.
St. Joseph's Hospital, Victoria, B.C.

The existing war-time conditions have brought to these institutions increased burdens without a corresponding increase in income. Indeed, it is a marvel how exceedingly well these homes are managed in the face of such depressing conditions which they have to meet, especially in view of the extra calls upon the societies who volunteer their services in assisting such charities.

I have, etc.,
FRANK DEGREY,
Chief Inspector.

MEDICAL INSPECTION OF SCHOOLS.

VICTORIA, March 22nd, 1918.

Hon. J. D. MacLean,
Provincial Secretary, Victoria, B.C.

SIR,—I beg leave to submit the Report of the Medical Inspection of Schools which has taken place during the past six months. There has been a break in the continuity of the work of the Department. In 1916 the matter was up before yourself as to the continuance of the inspection of schools, and it was decided at the time not to proceed for the time being, pending investigation. In 1917, however, I was instructed to begin the inspection again, and the consequence is that the report submitted is only for the latter part of the year 1917. The practice heretofore had been for the examination to be made once during the scholastic year, and while the appointments of the medical men were made in September it was not possible, owing to the lateness of the season, in many of the outlying districts to have the inspection made. The consequence is that only one-half of the schools have been reported, and the other half will be inspected during the spring term. These reports will not be received until the midsummer. But when these reports are received it will enable us to make a full report for the year September, 1917, to September, 1918, by embodying the reports already received with those which will be received within the next few months.

I have, in my Report for the Board of Health, suggested to you the advisability of having the annual report of this Department issue at midsummer on account of the difficulty of receiving the returns at the beginning of the year in time for presentation in the House. Should this suggestion be adopted it would not only benefit us in our report of the Vital Statistics Office, but especially so in our report on schools.

I would beg leave to suggest that the Inspection of Schools Branch of the Department be continued and a further effort be made to interest local associations in the work.

It is the intention in Great Britain and in the United States to concert the attention of all departments upon child-welfare and to reduce infant mortality, and this Department hopes that by co-operating with the central portions of this country that we may take our part in this nation-wide movement. To accomplish results, however, it will be absolutely necessary that all local organizations, more especially Women's Institutes, will lend their efforts to the furthering of the movement. It is the intention of the Department to make an especial appeal to the medical men who are doing the work to endeavour to appreciate its importance, to advise with the Department, and more particularly to work in conjunction with the parents in an endeavour to render effective an educational campaign.

I would also suggest for your consideration a recommendation to the School Boards of the establishment of open-air school-rooms for weakly and pre-tubercular children. The work already done along these lines has been so satisfactory that I feel justified in urging the adoption of similar methods in British Columbia.

I beg leave to submit a detailed report of the work done by the Department, and also copy of a report from the Inspectors of the different schools.

I have, etc.,
H. E. YOUNG,
Secretary, Provincial Board of Health.

SCHOOLS INSPECTED.

RURAL AND ASSISTED SCHOOLS.

Schools inspected: 1916, 331, at a cost of $5,653.82; 1917, 129, at a cost of $2,112.75.
Schools not inspected: 1916, 117; 1917, 367.
Pupils inspected: 1916, 7,945; 1917, 3,518, a decrease of 4,427.
Cost of inspection per pupil: 1916, 71⅙ cents; 1917, 60½ cents.
Percentage of defects: 1916, 78.50; 1917, 75.64, less 2.86.
Medical Inspectors: 1916, 28 Medical Inspectors; 1917, 82 Medical Inspectors.
Medical Inspectors: 1916, 89 reports from the Medical Inspectors; 1917, 35 reports from the Medical Inspectors.

GRADED CITY SCHOOLS.

Cities, 35. 1916: Reported, 27; not reported, 6. 1917: Reported, 14; not reported, 21.
Pupils inspected: 1916, 25,254; 1917, 22,564, a decrease of 1,690.

HIGH SCHOOLS.

High schools, 38. 1916: Reported, 19; increase of 181 pupils inspected. 1917: Reported, 16; increase of 54 pupils inspected.

RURAL MUNICIPAL SCHOOLS.

Municipalities: 1916, 28; reported, 22; not reported, 6. 1917, 27: reported, 12: not reported, 15.
Pupils inspected: 1916, 10,469, a decrease of 1,093; 1917, 9,012, a decrease of 1,457.

HIGH

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Armstrong	No report 1917.										
Chilliwack	J. C. Henderson		102	99	1		2				5
Cumberland	No report 1917.										
Duncan											
Enderby											
Fernie											
Grand Forks	W. Truax		62	58			2				2
Kamloops	M. G. Archibald		52	52						1	2
Kaslo	No report 1917.										
Kelowna	W. J. Knox						1	1			3
Ladner	A. A. King			30	2		4			3	7
Ladysmith	No report 1917.										
Matsqui	R. H. Post		79	74	3		1			1	3
Nanaimo	W. F. Drysdale		91	91			4				6
Nelson	Isabel Arthur		160	120			14	3		1	5
New Westminster	E. H. McEwen		327	296	8			1		7	16
Peachland	No report 1917.										
Point Grey	A. Lowrie		110	110	2		12	4	4	1	6
Prince Rupert	J. C. Cade		30	28			1				4
Rossland	J. W. Coffin		50	50			1				
Revelstoke	J. H. Hamilton		56	56			8			3	15
Salmon Arm	No report 1917.										
Summerland			26	22			1				3
Vancouver:											
Boys	F. W. Brydone-Jack										
Girls	Belle H. Wilson										
Britannia	"		387	203	1		22	3	4		13
King Edward	"		750	223			16	12	1		13
King George	F. W. Brydone-Jack, Mrs. M. P. Hogg		297	170	6		8	3	4		3
Vancouver, North	Pupils not examined.										
Vancouver, South	L. O. Griffin	H. Bone	200	287			14	10	2	2	21
Victoria	No report 1917.										

GRADED CITY

Grand Forks	W. Truax		370	358		2	18	2	8	10	29
Kamloops	M. G. Archibald		425	375			6		17	38	67
Kelowna	W. J. Knox				4	2	17	5	7	5	17
Merritt	G. H. Tuthill		233	222	3		13	1	8	21	59
Nanaimo:											
South Ward	W. F. Drysdale		120	112			2	1		7	20
Middle Ward			156	152	1		8			15	27
Central			416	407	6		14			71	119
Quennell			297	289	4		20			62	106
Nelson	Isabel Arthur		725	679	5	2	24	5	20	21	74
New Westminster:											
John Robson	E. H. McEwen		327	296	8		1	1		7	16
F. W. Howay	"		391	355	24			1		16	43
Herbert Spencer	"		316	268	22					16	54

SCHOOLS.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
4	1	24							Good	Yes.
2	....	2						Smallpox, 23	Very poorly ventilated and badly heated; entirely inadequate to the number of pupils	Fairly clean but inadequate for the pupils.
6	....	15	Anæmia, 1						Well ventilated and heated	Yes.
3	....	5	Chronic bronchial catarrh, 2						Good	"
6	10	....							Wood and cement.	Flush closets.
7	....	1	Anæmia			12		Whooping-cough, 15	Good	Yes.
28	....	7						Measles, 1	Fair	Good.
35	....	30	Cardiac, 2; acne, 1						All in good condition	Yes.
90	21	....		39	....	47	44	Chicken-pox, 25; scarlet fever 1; mumps, 46	Good	Good.
31	1	23	Cardiac, 1; nervous, 1	1	....	....	....		Ventilation improved	Yes.
2	1	1	Boils, 3	....	....	....	....		Adequate in all respects	"
....	....	1	Good	....	....	....	....		Satisfactory	"
4	11	....		....	....	....	....		Good	Good.
4	2	2	Orthopædic, 1	....	....	....	....		Fairly good. Ample room	2 cement pit, clean.
....	....	....		....	....	....	....			
....	....	....		....	....	....	....			
82	....	24	Cardiac, 8; lungs, 1	....	....	....	....			
84	1	21	Cardiac, 7	....	....	....	....			
42	4	15	Cardiac, 10	....	....	....	....			
65	4	17	Cardiac, 6; anæmia, 4	....	....	....	....	Chicken-pox, 1; diphtheria, 1	Good	Good.

SCHOOLS.

68	10	40	Cardiac, 2	....	....	3	....	Smallpox, 1	Good	Yes.
192	....	29	Anæmia, 1; nasal polypi	....	....	....	....		Ample air-space; well ventilated and heated	Clean as plans and construction of building allow
21	2	36	Chronic Bronchial catarrh, 7; cardiac, 4	....	....	8	3		Excellent, modern	Yes.
120	67	28	Cardiac lesions, 2	1	1	....	1	Chicken-pox, 35; whooping-cough, 2; measles, 86	Satisfactory	Good in 1-6 div. Poor in 7-8 "
58	....	....		....	....	....	3	Diphtheria, 3; chicken-pox, 4	Fair	Good.
84	....	....		1	....	....	....	Diphtheria, 1; chicken-pox, 1	"	"
215	3	9	Heart, 1; eczema, 3	1	....	....	2	Measles, 1; chicken-pox, 17; pertussis, 9	Very fair	"
138	4	9	Eczema, 2	....	....	....	....	Chicken-pox, 3; pertussis, 4	Good	"
414	7	150	Heart murmur, 7; infantile paralysis, 1; talipes, 2; chorea, 1	3	....	....	5	Chicken-pox, 24; scarlet fever, 1	"	Yes.
90	21	....		39	....	47	44	Chicken-pox, 25; scarlet fever, 1; mumps, 46	"	"
92	31	....		....	....	....	....		"	"
71	31	....		....	....	....	....		"	"

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
New Westminster.--*Concluded*:											
Richard McBride	E. H. McEwen		348	306	38	....	50	....	....	15	59
Lord Lester	"		261	203	9	....	....	....	....	1	11
Lord Kelvin	"		315	328	21	....	....	..	....	38	57
Queensboro	"		86	72	1	....	....	....	....	3	8
Prince Rupert:											
Borden Street	J. C. Cade (acting)		158	149	2	....	9	1	1	1	30
King Edward	" "		292	271	3	1	15	....	3	6	49
Seal Cove	"		27	26	1	....	....	....	....	....	4
Revelstoke:											
Central	J. H. Hamilton		288	268	....	....	21	....	....	43	70
Selkirk	"		349	327	....	....	21	....	....	19	39
Rossland:											
Central	J. W. Coffin		390	390	2	1	3	2	2	6	8
Cook Ave	"		216	216	1	....	1	1	1	2	4
Sandon	W. E. Gomm		42	30	....	....	3	....	2	2	13
Vancouver:											
Aberdeen	F. W. Brydone-Jack. B. H. Wilson	M. A. McLellan.	334	285	5	2	19	6	14	5	52
Alexandra	F. W. Brydone-Jack. B. H. Wilson	A. Jeffers	526	458	5	....	29	14	19	1	41
Bayview	F. W. Brydone-Jack. M. P. Hogg	M. A. McLellan.	242	230	1	....	12	4	4	30	26
Beaconfield	F. W. Brydone-Jack. M. P. Hogg	A. Jeffers M. Cruickshanks	176	188	11	1	12	7	3	4	32
Cecil Rhodes	F. W. Brydone-Jack. M. P. Hogg	M. Ewart	344	355	1	....	22	11	13	6	42
Central	F. W. Brydone-Jack. B. H. Wilson	E. G. Breeze	509	433	7	....	25	10	11	6	59
Charles Dickens	F. W. Brydone-Jack. B. H. Wilson	M. Ewart M. Cruickshanks	274	268	2	1	14	6	6	4	20
Children's Aid	F. W. Brydone-Jack. B. H. Wilson	A. Jeffers. E. G. Breeze	122	176	9	....	7	5	6	2	12
Dawson	F. W. Brydone-Jack. B. H. Wilson	M. A. McLellan.	831	726	4	....	38	18	27	7	67
Fairview	F. W. Brydone-Jack. M. P. Hogg	M. A. McLellan. M. Ewart	593	479	1	1	22	13	31	4	60
Florence Nightingale	F. W. Brydone-Jack. B. H. Wilson	M. Ewart A. Jeffers	629	530	8	....	35	16	19	1	55
Franklin	F. W. Brydone-Jack. M. P. Hogg	A. Jeffers M. Cruickshanks	168	192	9	....	8	5	9	2	33
General Gordon	F. W. Brydone-Jack. M. P. Hogg	M. A. McLellan.	347	283	3	....	23	9	7	6	42
Grandview	F. W. Brydone-Jack. M. P. Hogg	A. Jeffers	467	478	5	....	16	5	16	2	45
Hastings	F. W. Brydone-Jack. B. H. Wilson	A. Jeffers M. Cruickshanks	420	460	12	1	17	14	6	1	25
Henry Hudson	F. W. Brydone-Jack. M. P. Hogg	M. A. McLellan. M. Ewart	458	375	7	1	24	9	18	8	67
Kitsilano	F. W. Brydone-Jack. M. P. Hogg	M. A. McLellan.	409	349	5	1	20	12	9	7	61
Laura Secord	F. W. Brydone-Jack. B. H. Wilson	A. Jeffers M. Cruickshanks	308	288	5	1	6	7	6	3	10
Livingstone	F. W. Brydone-Jack. B. H. Wilson	M. Ewart M. Cruickshanks	328	302	2	....	15	4	12	2	17
Macdonald	F. W. Brydone-Jack. B. H. Wilson	A. Jeffers M. Cruickshanks	362	329	8	.	15	10	11	2	26
Model	F. W. Brydone-Jack. B. H. Wilson	M. Ewart	497	464	2	....	42	8	20	5	68
Mount Pleasant	F. W. Brydone-Jack. B. H. Wilson	M. Ewart A. Jeffers	639	505	4	....	31	11	29	3	40
Nelson	F. W. Brydone-Jack. B. H. Wilson	A. Jeffers	602	537	12	....	43	9	9	1	45
Roberts	F. W. Brydone-Jack. B. H. Wilson	E. G. Breeze M. A. McLellan.	837	741	6	1	48	13	16	5	54
Seymour	F. W. Brydone-Jack. B. H. Wilson	E. G. Breeze	489	479	7	....	25	12	16	9	91
Simon Fraser	F. W. Brydone-Jack. B. H. Wilson	M. Ewart	494	463	3	....	30	8	26	2	58
Strathcona	F. W. Brydone-Jack. B. H Wilson	E. G. Breeze	633	644	2	....	30	13	23	9	88

SCHOOLS.—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
84	31	....	.....	....	....	....	....	.....	Good.....	Yes.
91	15	....	.....	....	....	....	....	.....	"	"
87	55	....	.....	....	....	....	....	.....	"	"
21	13	....	.....	....	....	....	....	.....	"	"
48	20	...	Nervous, 2; pulmonary, 2; cardiac, 1; anæmia, 1; otitis media, 1	3	....	5	1	Scarlet-fever, 1; chicken-pox, 1; tonsilitis, 1; T. B. spine, 1	Adequate, fairly heated and ventilated	"
62	20	....	Nervous, 2; pulmonary, 2; Brights, 1	7	1	2	....	Tonsilitis, 1; chicken-pox, 6; measles, 2; influenza, 1	Adequate, well-heated and ventilated	"
6	2	....	Nervous, 1; anæmia, 1	....	....	1	...	Chicken-pox, 2.....	Adequate, well-heated and ventilated	"
56	23	....	Absence left palate, 1....	....	....	....	...	.....	Good.	Good.
38	10	....	Cleft palate, 1; osteo-myelitis, 1; myocarditis, 1	....	....	1	....	.....	"	"
14	13	2	Cardiac, 2.....	....	....	2	....	Whooping-cough.....	Satisfactory	Yes.
8	11	1	Cardiac, 2.....	....	....	....	....	Whooping-cough.....	"	"
1	1	3	....	....	....	....	....	.....	Good.....	"
86	7	5	Vaccinated, 72; cardiac, 5; lung, 2	....	....	....	....			
172	3	15	Vaccinated, 66; cardiac, 4; lung, 1	....	....	....	....			
38	12	14	Vaccinated, 25; cardiac, 7	....	....	....	....			
53	15	7	Vaccinated, 30; cardiac, 6; lung, 1	....	....	3	1			
85	2	11	Vaccinated, 63; cardiac, 7; lung, 2	....	....	....	...			
121	4	16	Vaccinated, 115; cardiac, 8; lung, 1	2	....	1	....			
73	15	8	Vaccinated, 29; cardiac, 2; lung, 1	1	1	2	....			
50	5	0	Vaccinated, 14; cardiac, 7.....	....	10	5	....			
189	31	33	Vaccinated, 168; cardiac, 19; ung, 12	....	1	....	....			
112	28	21	Vaccinated, 94; cardiac, 10; lung, 6	3	....	....	1			
169	9	23	Vaccinated, 72; cardiac, 9; lung, 2	....	3	4	....			
49	10	12	Vaccinated, 56; cardiac, 2; lung, 2	....	....	....	1	Communicable diseases in children of school age in Vancouver City:—		
46	19	13	Vaccinated, 75; cardiac, 4; lung, 4	1	....	....	....			
140	3	14	Vaccinated, 53; cardiac, 7; lung, 2	....	....	1	....	Chicken-pox 287		
151	11	21	Vaccinated, 45; cardiac, 8	2	....	2	1	Diphtheria..... 21	Good	Yes.
92	24	27	Vaccinated, 63; cardiac, 7; lung, 3	2	1	4	....	Measles ..... 67 Mumps .... 493 Scarlet fever.... 32		
52	21	13	Vaccinated, 53; cardiac, 6; lung, 12	2	....	....	....	Whooping-cough 51 Infantile paralysis 3		
81	4	8	Vaccinated, 40; cardiac, 1	3	1	1	....			
110	7	8	Vaccinated, 66; cardiac, 5; lung, 1	1	1	1	....			
124	3	8	Vaccinated, 50; cardiac, 3	....	....	....	....			
118	22	16	Vaccinated, 66; cardiac, 13; lung, 1	1	....	1	....			
148	5	13	Vaccinated, 44; cardiac, 5	1	3	....	....			
180	3	22	Vaccinated, 49; cardiac, 8; lung, 1	....	1	2	1			
188	20	21	Vaccinated, 193; cardiac, 13; lung, 1	1	1	....	....			
121	16	13	Vaccinated, 84; cardiac, 13; lung, 9	4	....	2	....			
157	20	20	Vaccinated, 41; cardiac, 11; lung, 8	2	1	2	....			
202	22	21	Vaccinated, 135; cardiac, 8; lung, 5	11	1	3	...			

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver.—*Concluded:*											
Tennyson	F. W. Brydone-Jack. / M. P. Hogg	M. A. McLellan. / M. Ewart	524	397	8	....	18	13	17	2	60
Classes for Defects	B. H. Wilson. / M. P. Hogg	A. Jeffers / E. G. Breeze	43	35	...	21	11	8	1	....	1
Vancouver, North:											
Lonsdale	E. A. Martin		213	210	3	....	8	....	13	13	44
Queen Mary	"		341	336	2	....	10	1	7	7	56
Ridgway	"		343	340	3	1	6	2	6	6	63

RURAL MUNICIPALITY

Burnaby:											
Edmond Street	Geo. de B. Watson		267	267	...	....	7	5	1	2	30
Douglas Road	"		32	32	....	....	1	....	....	....	2
Hamilton Street	"		29	24	....	....	....	....	....	....	1
Kingsway, East	"		70	70	....	....	8	1	....	1	7
Second Street	"		39	39	....	....	1	2	....	....	5
Armstrong Avenue	"		33	33	....	....	....	....	....	....	4
Chilliwack:											
Rosedale	J. C. Elliott		90	84	2	1	3	5	8	4	7
Chilliwack, East	"		44	41	1	....	2	3	2	5	6
Camp Slough	"		35	36	2	1	1	3	5	2	4
Cheam	"		58	59	2	1	2	5	3	5	8
Strathcona	J. C. Henderson		43	41	....	....	....	....	....	4	5
Fairfield Island	"		41	39	....	....	....	....	....	4	10
Vedder	"		15	14	1	....	1	....	....	1	2
Yarrow	"		8	6	....	....	....	....	....	....	....
Promontory	"		11	15	....	....	1	....	....	1	1
Sumas	"		10	8	....	....	1	....	....	1	2
Atchelitz	"		66	57	....	....	2	....	1	3	8
Parson's Hill	"		9	9	....	1	....	....	....	1	1
Lotbiniere	"		64	60	1	....	1	....	1	8	10
Sardis	"		115	103	....	1	2	1	2	7	9
Delta:											
Annieville	A. A. King		55	38	1	....	1	....	....	7	6
Delta, East	"		20	16	....	....	2	....	....	2	5
Inverholme	"		12	11	....	....	....	....	....	4	5
Boundary Bay	"		23	20	6	....	2	....	....	6	2
Westham	"		20	19	....	....	4	1	....	6	6
Canoe Pass	"		39	33	6	....	4	2	....	9	9
Tremant	"		26	24	....	....	2	....	....	4	8
Sunbury	"		18	16	1	....	1	....	....	5	4
Ladner	"		.....	122	7	....	14	5	....	27	30
Langley:											
Langley Fort	A. McBurney		63	51	1	2	3	....	....	....	8
Langley Prairie	"		75	61	....	....	2	....	2	4	14
Springbrook	"		39	22	....	....	1	2	2	....	7
Belmont, Superior	"		86	72	6	2	7	4	3	1	14
Milner	"		47	44	....	....	....	....	2	....	8
Glen Valley	"		22	20	....	....	....	....	....	....	5
Langley, West	"		16	14	....	2	....	....	....	....	3
Beaver	"		30	26	....	....	1	....	....	....	5
Aldergrove	"		55	52	....	2	1	1	4	....	15
Patricia	"		23	21	1	....	2	....	....	....	5
Otter	"		19	16	....	....	2	....	....	....	3
Lochiel	"		12	12	....	....	1	....	....	....	2
Langley, East	"		24	21	....	1	3	....	1	1	5
Glenwood	"		16	16	....	....	2	....	1	....	2
Maple Ridge:											
Whonnock	G. Morse		54	47	1	....	6	1	....	....	9
Ruskin	"		34	27	....	....	2	....	....	....	3
Alex. Robinson	"		43	37	....	....	1	1	....	1	8
Albion	"		37	18	....	....	....	....	....	....	3
Webster's Corners	"		19	17	....	1	2	2	....	....	5

SCHOOLS.—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building, State if crowded, poorly ventilated, poorly heated, etc.	Closets, State if adequate.
95	20	8	Vaccinated, 64; cardiac, 8; lung, 6	....	....	....	1			
14	2	2	Vaccinated, 5	....	....	..	....			
72	1	....		....	....	2	1	Measles and chicken-pox	Good	Yes
80	1	....	Cardiac, 3	....	....	....	..	Measles and chicken-pox	"	"
76	4	2	Cardiac, 2	4	..	1	....	Measles and chicken-pox	"	"

SCHOOLS.

116	37	..	Eczema, 1; uncleanliness, 7; bronchitis, 2; heart-trouble, 5; wax in ears, 4; rhinitis, 1; thickened nasal septum, 3	....	....	2	2	Chicken-pox, 40; measles, 3; mumps, 1; diphtheria, 2	Good	Yes.
12	7	....	Rhinitis, 1	....	....	....	....		"	"
8	4	....	Uncleanliness, 1	....	....	....	....		"	"
20	4	...	Uncleanliness, 1; pulmonary, 1; tuberculosis, 1; wax in ears, 1; rhinitis 1	....	....	....	....	Chicken-pox, 17	"	
19	8	....	Tonsilitis, 3; rhinitis, 3	....	....	....	....	Chicken-pox, 1	"	"
9	2	....		....	....	....	....	Scarlet fever; mumps, 1	"	"
53	2	7		....	....	3	....		"	Fair.
29	1	3	Anæmia, 3	....	4	4	....		Fair	Good.
18	...	3	Anæmia, 2	....	....	....	....		Good	"
34	....	4	Anæmia, 2; heart lesions, 2	....	....	5	....		"	"
6	....	4		....	....	....	....		"	Yes.
10	....	3		....	....	....	....		"	"
3	....	1		....	....	....	....		"	"
3	....	1		....	....	....	....		"	"
3	....	1		....	....	....	....		"	"
....	....	....	Cardiac, 1	....	....	....	....		"	"
9	...	5		....	....	....	....		"	"
....	....	1		....	....	....	....			"
21	....	10	Cardiac, 1	....	....	....	....		"	"
12	....	10		....	....	....	....		"	"
9	2	....		....	2	3	....	Diphtheria, 1	"	"
2	....	....		....	....	....	....		"	"
5	1	....		....	....	....	....		"	"
5	2	....		....	....	....	....	Scarlet fever, 2	"	"
13	1	....		....	....	4	....		"	"
14	....	....		....	....	....	....		"	"
4	....	....		....	....	....	....	Mumps, 2	"	"
9	....	....		....	....	3	....		"	"
50	8	....		....	5	10	....	Scarlet fever, 1	"	"
18	1	1		....	....	....	....			
22	2	1	Cardiac, 1; cleft palate, 1	....	....	....	....	Chicken-pox, 27	Good	Yes.
12	1	....		....	....	....	....	Chicken-pox, 10; whooping-cough, 2	"	Clean.
24	2	1	Chronic bronchitis, 1	2	3	....	....	Chicken-pox, 15	"	Yes.
10	1	....		....	....	....	....		"	"
8	2	....	Chorea	....	....	....	....	Measles	Fair	"
6	....	....		....	....	....	....		Good	"
5	....	....		2	1	....	2		Crowded	Not clean.
15	....	1	Lame from infantile paralysis, 1	....	2	....	..	Measles and chicken-pox	Good	Yes.
2	....	....		....	....	....	....		"	Good.
6	....	....	Myocarditis, 1	....	....	....	....	Measles	"	Yes.
5	....	....		....	4	....	....		"	"
7	....	....	Cretin, 1	....	....	....	....		"	"
4	....	1		....	....	....	....		Bad	No.
28	7	1		3	....	....	....		Good	Yes.
9	2	....		....	....	....	....		"	
23	7	....		....	....	....	....	Whooping-cough, 5; mumps, 1	"	"
10	3	...		....	....	....	....	Mumps, 1; chicken-pox, 2	"	"
13	3	...		....	....	....	....		"	"

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of pupils enrolled.	No. of pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Maple Ridge. *Concluded:*											
Haney	G. Morse		64	54	....	3	2	2	5	2	5
Yennadon	"		17	15	....	....	1	....	1	....	4
Haney, Superior	"		27	17	....	....	2	....	....	....	1
Maple Ridge, Senior	"		25	25	....	....	2	....	....	....	....
Maple Ridge, Junior	"		61	57	1	2	1	3	....	1	3
Hammond	"		54	52	....	....	3	....	1	2	2
Matsqui:											
Aberdeen	R. H. Port		32	29	2	....	2	....	1	2	5
Bradner	"		61	57	1	....	1	....	....	....	6
Claymont	"		57	52	....	....	....	....	....	1	3
Dunach	"		17	12	....	....	1	....	....	....	....
Glenmore	"		23	13	1	....	1	....	1	1	....
Jubilee	"		7	7	1	....	..	....	....	1	....
Mount Lehman	"		46	38	1	....	1	1	....	....	5
Peardonville	"		27	24	....	....	1	....	....	1	2
Poplar	"		19	11	....	....	....	....	....	....	....
Ridgedale	"		45	38	....	....	3	1	....	1	2
Oak Bay:											
Monterey	F. T. Stainer		278	245	6	2	5	4	6	6	69
Willows	"		147	139	6	2	3	4	7	7	42
Pitt Meadows:											
Pitt Meadows	G. Morse		40	31	....	....	....	1	3	3	4
Richardson	"		16	12	....	....	....	....	2	....	5
Point Grey:											
Eburne	Andrew Lowrie		248	243	22	12	27	5	9	7	20
Magee	"		122	120	5	4	9	5	7	6	9
Lord Kitchener	"		97	96	7	3	10	4	4	5	20
Shaughnessy	"		224	221	16	11	29	11	14	11	21
Queen Mary	"		157	154	11	4	14	7	10	7	21
Kerrisdale	"		187	181	14	6	10	3	13	13	22
Saanich:											
Keating	C. D. Holmes		52	45	3	2	1	...	2	2	3
Mackenzie Avenue	"		119	89	6	4	3	2	5	5	8
Royal Oak	"		38	34	4	2	1	1	2	2	4
North Dairy	"		75	68	6	1	5	...	2	3	6
Craigflower	"		123	97	4	3	2	3	4	5	9
Cedar Hill	"		72	68	4	1	3	2	3	3	8
Cadboro Bay	"		14	7	....	....	....	....	....	1	1
Tillicum Road	"		26	23	2	2	1	....	3	4	5
Saanichton	"		33	24	3	....	2	....	....	....	2
Prospect	"		17	16	1	....	....	....	1	....	4
Saanich, West	"		55	49	2	1	....	....	....	1	3
Gordon Head	"		37	30	3	....	2	....	....	2	2
Strawberry Vale	"		57	43	....	....	....	....	1	2	7
Tolmie	"		394	343	40	19	7	5	12	15	33
Vancouver, North:											
Lynn Valley	E. A. Martin		167	167	3	3	13	....	3	5	29
Keith Lynn	"		34	34	....	....	....	....	1	1	1
Capilano	"		35	35	....	....	1	....	1	1	5
North Star	"		85	85	....	....	3	....	4	4	11
Vancouver, South:											
Lord Selkirk	L. O. Griffin	H. Bone	591	525	9	....	24	25	28	2	104
Tecumseh	"	"	460	458	6	1	14	11	19	2	67
Carleton	"	"	456	439	2	....	18	9	15	3	88

SCHOOLS.—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
33	3	....	.....	....	..	....	....	Diphtheria, 2; mumps, 15	Good	Yes.
9	....	....	.....	....	....	....	....	.....	"	"
8	1	....	.....	....	....	....	....	.....	"	"
8	....	....	Cardiac, 1.....	....	....	....	....	.....	"	"
12	4	....	.....	....	....	....	....	Diphtheria, 2; mumps, 2; whooping-cough, 7	"	"
14	3	....	.....	....	....	....	....	Whooping-cough, 6.....	"	"
4	....	1	.....	3	....	....	....	.....	"	Not clean.
9	...	1	Bronchitis, 1; rhumatism, 1....	....	....	....	....	.....	"	Yes.
3	....	2	Tubercular bone, 1; bronchitis, 1	....	...	2	1	.....	Fair.....	"
2	....	....	Paralysis right hand, 1.....	....	....	....	....	.....	Good.....	"
3	....	1	.....	....	....	....	1	Whooping-cough, 10...	"	"
1	....	....	.....	....	....	....	....	.....	Fair	"
4	....	3	.....	....	....	....	....	.....	Good	"
2	....	1	.....	....	....	....	....	.....	"	"
....	....	....	.....	....	....	3	....	.....	"	"
7	....	....	.....	....	....	....	....	.....	"	"
135	24	....	Anæmia, 1	1	....	1	....	Measles, 73	"	Good.
73	11	....	.....	4	....	2	3	Measles, 41.....	Fair.....	"
14	....	....	.....	....	....	....	....	Whooping-cough, 10; chicken-pox, 1	Good.	Yes.
8	....	....	.....	....	....	....	....	.....	"	"
79	15	29	Nervous, 1; cardiac, 4; pulmonary, 1; orthopædic, 1; skin, 1	9	....	..	....	Chicken-pox, 6; scarlet-fever, 2	"	"
16	4	17	Cardiac, 3; nervous, 1; pulmonary, 1; skin, 1; nephritis, 1	....	....	....	4	Scarlet fever, 4; measles, 3; chicken-pox, 1; influenza, 3	Excellent, ventilation improved	"
36	12	19	Nervous, 1; cardiac, 3; skin, 1; orthopædic, 1	2	....	....	..	Scarlet fever, 2; tuberculosis, 1; measles, 9, typhoid 1; mumps, 3	Overcrowded in Div. II.	"
44	11	33	Nervous, 3; cardiac, 4; pulmonary, 2; orthopædic, 4	4	....	....	....	Scarlet fever, 1; mumps, 24; chicken-pox, 2	Small building overcrowded	"
34	12	21	Nervous, 1; cardiac, 2; skin, 1; pulmonary, 2; orthopædic, 4	....	....	....	....	Chicken-pox, 25; measles, 2; scarlet fever, 1	Excellent	"
49	8	32	Cardiac, 6; pulmonary, 2; orthopædic, 1; skin, 2	2	....	....	2	Chicken-pox, 23; scarlet fever, 25; measles, 6	Good except Div. III. overcrowded	"
18	2	2	Acne, 1; eczema, 1.....	....	....	....	....	Measles	Good.....	"
32	9	5	Anæmia, 1	....	....	....	...	Measles	"	Clean, but not in order.
20	3	1	Nervous, 1	....	....	1	....	Measles and chicken-pox	"	Yes.
25	4	1	Acne, 1	....	....	....	....	Measles	"	"
29	5	2	Anæmia, 1	....	....	....	....	Measles; diphtheria, 1..	"	"
21	4	3	Catarrh of throat, 1; eczema, 1	....	....	....	1	Measles	"	"
2	....	....	.....	....	....	....	....	Measles	No water supply..	"
12	4	....	.....	....	....	....	....	Measles	Good.....	"
13	4	1	Uncleanliness, 1; acne, 1.....	....	....	....	..	Measles	"	"
10	2	2	.....	....	....	....	....	Measles	No water supply..	"
14	3	....	Acne, 1; inflamed throat, 1....	....	....	....	..	Measles	Good.....	"
10	2	....	.....	....	....	....	....	Measles	No water supply..	"
19	3	4	.....	....	....	....	....	Measles	Good.....	Overcrowded.
125	12	14	Infantile paralysis, 1; acne, 3; catarrh, 1; eczema, 11; otorrhœa, 1; defective speech, 1; stammering, 1	..	....	....	....	Measles; chicken-pox; mumps	"	Yes.
55	4	1	....	....	....	....	....	Measles and chicken-pox	"	"
13	1	....	....	....	....	....	....	Measles and chicken-pox	"	"
12	1	....	.....	....	....	....	....	Measles and chicken-pox	"	"
21	1	...	.....	....	....	....	....	Measles and chicken-pox	"	"
382	50	4	Nervous, 1; pulmonary, 1; cardiac, 4; anæmia, 10; unclean, 1	6	3	8	3	Mumps, 33; chicken-pox, 24; whooping-cough, 2	Lighting fair	Good.
339	23	16	Nervous, 2; pulmonary, 3; cardiac, 9; anæmia, 5; unclean, 4	13	....	9	....	Measles, 7; mumps, 1; chicken-pox, 1; whooping-cough, 1	"	"
282	23	7	Pulmonary, 2; cardiac, 3; anæmia, 1	9	....	13	....	Measles, 2; mumps, 5; chicken-pox, 6; scarlet fever, 1	"	"

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of pupils enrolled.	No. of pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver, South.--*Continued:*											
General Wolfe	L. O. Griffin	H. Bone	491	435	18	2	18	17	5	2	56
General Brock	"	"	243	235	3	....	12	8	12	3	50
Sir Wm. Van Horne	"	"	232	223	12	....	11	12	9	3	28
Sir Alex. Mackenzie	"	"	494	471	16	....	20	12	22	3	53
Walter Mowberly	"	"	255	253	17	....	6	6	5	4	29
Richard McBride	"	"	381	364	15	....	15	12	11	....	50
Sexsmith	"	"	120	118	....	1	7	5	8	....	25
Champlain	"	"	24	21	....	....	1	1	1	....	8
Connaught	"	"	50	37	1	....	2	....	2	....	11
Norquay	"	"	201	201	8	....	13	8	16	4	35
Secord	"	"	112	111	5	....	6	2	4	4	22

RURAL AND

Albert Canyon	J. H. Hamilton		14	13	....	....	....	....	....	....	1
Albert Head	C. P. Higgins		16	13	....	....	1	....	1	1	1
Annable	John Nay	Mrs. Campbell	14	14	....	....	....	....	....	3	5
Arrowhead	J. H. Hamilton		20	18	..	....	....	....	..	....	3
Asheroft	R. Wightman		57	55	....	....	1	....	5	5	5
Athalmer	P. W. Turnor		10	8	....	....	2	2	....	....	5
Barkerville	M. Callanan		12	12	....	....	....	....	....	....	....
Barnston Island	G. Morse		10	9	1	....	....	....	....	1	2
Barriere River	G. W. Irving		13	12	....	....	1	....	....	1	....
Barriere Power-house	"		6	6	....	....	....	....	....	....	....
Baynes Lake	D. Black		45	40	6	....	2	....	2	2	12
Beaton	J. H. Hamilton		11	11	....	....	....	....	....	....	2
Begbie	"		21	14	....	....	....	....	1	1	1
Berrydale	W. Truax		7	7	....	....	....	....	....	....	1
Big Eddy	J. H. Hamilton		31	28	....	....	....	....	....	....	4
Blueberry	J. Bain Thom	Miss Hyde	8	8	1	....	....	....	....	3	3
Boston Bar	H. R. Fort		9	8	2	1	3	1	2	1	1
Bowie	J. H. Hamilton		14	13	....	1	....	....	....	....	2
Bowser	H. E. Langis		6	3	....	....	....	....	....	....	....
Brechin	T. J. McPhee	Miss C. Collishaw	95	94	....	....	1	..	3	2	13
Brisco	P. W. Turnor		14	12	....	1	....	1	....	....	6
Cache Creek	R. Wightman		12	12	1	....	....	....	1	1	1
Campbell River	W. F. Shaw		....	17	1	....	4	....	..	2	2
Cartier	J. H. Hamilton		26	18	....	....	....	....	1	1	3
Cawston	Robert Elliott		25	21	....	....	2	1	2	2	2
Cedar, East	T. J. McPhee	Miss C. Collishaw	9	8	....	....	....	....	....	1	....
Cedar, North	"		60	55	....	1	....	....	3	6	12
Cedar, South	"		32	32	....	....	1	....	1	1	1
Chase River	"		71	62	....	....	1	....	3	3	9
Chaumox	No report for 1916-17.										
Christina Lake	W. Truax		6	6	....	....	....	....	....	....	....
Chu Chua	H. H. Murphy		14	10	....	....	....	....	....	....	2
Columbia Gardens	J. Bain Thom	Mrs. Campbell	15	14	....	....	....	2	2	2	4
Colwood	A. E. McMicking		26	13	....	....	1	....	....	1	3
Concord	J. C. Elliott		12	11	....	....	....	2	....	....	....
Craigellachie	J. H. Hamilton		14	12	....	....	....	....	....	....	2
Crawford Creek	"		8	5	....	....	....	....	1	1	1
Cultus Lake	J. C. Elliott		11	9	....	....	....	....	2	....	2
Departure Bay	T. J. McPhee	Miss C. Collishaw	19	19	....	....	....	....	1	1	1
Dewdney	H. D. Leitch		32	28	6	..	2	....	....	3	1
Elko	D. Black		29	29	6	....	1	....	3	2	14
Erie	John Nay	Mrs. Campbell	15	14	....	..	....	1	1	4	8
Errington	H. E. Langis		20	18	....	....	2	....	....	....	1

SCHOOLS.—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
324	46	10	Cardiac, 7; anæmia, 2; unclean, 2	11	1	8	4	Mumps, 109; chicken-pox, 20; whooping-cough, 1	Lighting fair	Good.
159	4	8	Nervous, 1; cardiac, 7	12	4	3	1	Measles, 6; mumps, 6; chicken-pox, 1; whooping-cough, 1	Good.	Trough system.
145	17	12	Pulmonary, 1; cardiac, 5	7	....	2	....	Measles, 10; mumps, 5; whooping-cough, 2	Lighting fair	Good.
348	19	9	Pulmonary, 6; cardiac, 5; anæmia, 3	7	1	8	1	Measles, 34; mumps, 10; chicken-pox, 5	Lighting good	Trough system.
169	33	....	Cardiac, 4; anæmia, 2	8	....	....	2	Measles, 14; mumps, 4; chicken-pox, 22; whooping-cough, 1	Lighting fair	Good.
294	15	6	Cardiac, 2; anæmia, 4	4	....	3	1	Measles, 19; mumps, 8; chicken-pox, 30	"	"
82	7	..		....	....	1	....	Chicken-pox, 4	Good	"
18	....	....		....	....	3	....		"	Chemical toilet.
32	6	....		3	....	....	....	Mumps, 15; whooping-cough, 1	"	Good.
167	25	5	Cardiac, 3	2	2	4	....	Chicken-pox, 20; scarlet fever, 1	"	"
84	9	....	Anæmia, 2	....	....	....	....	Measles, 6; mumps, 5; chicken-pox, 1; whooping-cough, 1	"	"

ASSISTED SCHOOLS.

6	....	1		....	....	....	....		Good	Yes.
2	....	....		....	....	....	....		Poorly lighted	"
8	....	....		....	....	....	....		Good	"
9	....	6		....	....	....	....		"	"
17	2	2		....	....	....	....	Whooping-cough	"	Good.
9	....	2		....	....	....	....		"	"
....	....	....		....	....	....	....		....	One, another recommended.
4	1	2		....	..	....	....		Satisfactory	Satisfactory.
2	....	....	Mitral regurgitation, 1	....	....	....	....		"	Clean.
2	....	....		....	....	....	....		"	"
22	1	1		....	....	....	....		Very good	"
....	....	5		....	....	....	....		Good	Yes.
3	....	....		....	....	....	....		Fair	"
1	....	....		....	....	....	....		Rather poor bldg.	Fair.
12	....	....		....	....	....	....		Good	Yes.
3	....	....		....	....	....	1		Fair	Good.
6	2	1	Orthopædic defects, 2	....	....	....	....	Poliomyelitis, 1	"	Yes.
3	....	5		....	....	....	....		Good	"
....	....	....		....	....	....	....		"	Clean.
13	31	....		....	..	....	....		"	Divs. 1 and 2 good, and 3 crowded.
2	....	....		....	....	....	....		Fair	Fairly so.
....	1	1		....	....	....	....		Good	Good.
10	....	....	Orthopædic defect, 1	....	....	....	....		"	Yes.
3	....	4		....	....	....	....		"	Bad.
7	1	4		....	....	....	....	Measles	Poor heating	Fair.
2	....	1		....	....	....	....		Good	Good.
14	..	....		....	....	....	....		Crowded	"
1	....	....		....	....	....	....		Good	"
15	1	1	Impetigo, 1	....	....	....	1		"	"
2	....	....		....	....	....	....		"	"
6	....	....		....	....	....	....		Satisfactory	Yes.
6	....	1		....	....	....	....		Fair	"
1	....	....		....	....	....	....		No	"
8	....	....	Tongue-tied, 1	..	1	....	....		Fair	Fair.
1	....	3		....	....	....	....		Good	Yes.
1	....	4		....	....	....	....		"	"
5	....	....	Anæmia, 2	....	....	....	....		Fair	Clean.
3	....	....		....	....	....	....		Good	Good.
13	7	6		....	....	....	....		Well ventilated and heated	Well ventilated and heated
14	1	....		....	....	....	....		Very good	Good.
8	....	1	Cleft palate, 1; club-foot, 1	....	..	....	....		Good	Yes.
2	....	....	Coryza, 3	....	2	....	....		Ventilation poor	Good.

RURAL AND ASSISTED

Name of School.	Medical Inspection.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Extension	P. J. Emerson		92	89	....	....	1	1	1	1	47
Ferguson	J. H. Hamilton		15	13	....	....	....	....	....	....	4
Fife	W. Truax		20	18	....	....	1	....	....	....	3
Flagstone	D. Black		25	23	2	....	....	....	1	1	4
Fort George	C. Ewart		49	44	1	3	3	....	1	....	9
French Creek	H. E. Langis		18	15	1	....	2	1	....	....	1
Fruitvale	J. Bain Thom	Mrs. Campbell	41	40	1	1	1	....	....	5	13
Galena Bay	J. H. Hamilton		11	9	....	....	....	....	....	....	....
Galloway	D. Black		12	8	....	....	1	....	....	1	7
Glenrosa	Wm. Buchanan		8	7	....	....	....	....	....	1	....
Goldstream	A. E. McMicking		10	9	....	....	....	....	....	....	2
Granby Bay	L. Broe	Miss McTaggart	112	113	6	2	12	2	4	4	27
Hall's Landing	J. H. Hamilton		21	19	....	....	....	....	3	3	3
Happy Valley	A. E. McMicking		15	11	....	....	1	....	....	3	4
Harewood	T. J. McPhee	Miss C. Collishaw	279	260	2	1	13	9	24	28	65
Hat Creek	R. Wightman		8	8	....	....	....	....	....	....	....
Hatzic Prairie	H. D. Leitch		8	8	....	....	....	....	....	....	1
Heffley Creek	H. H. Murphy	Miss Frame	23	13	....	....	....	....	....	....	2
Hedley	Robert Elliott		52	50	....	....	4	2	3	3	5
Highland	A. E. McMicking		8	7	....	....	....	....	....	1	1
Hillier	H. E. Langis		9	8	....	....	....	....	....	....	....
Hope	J. C. Elliott		43	41	....	....	....	3	2	1	4
Hope Station	"		13	13	....	....	....	1	....	....	4
Invermere	P. W. Turner		20	20	....	....	2	1	....	....	5
Jaffray	D. Black		38	37	2	1	....	....	....	3	14
Keefers	No report 1916-17.										
Keremeos	Robert Elliott		35	32	1	1	3	1	4	5	6
Kettle River, North	W. Truax		14	11	....	....	1	....	....	....	2
Killarney	D. McCaffrey		103	100	....	....	2	....	....	....	20
Langford	A. E. McMicking		22	18	....	....	....	....	....	1	5
Lucerne	S. Petersky		20	18	....	....	5	....	2	1	10
Lytton	H. R. Fort		28	26	5	4	3	3	9	6	7
Malakwa	J. H. Hamilton		24	23	....	1	....	....	2	2	2
Meadow Spur	John Nay	Mrs. Campbell	11	9	....	....	1	....	....	1	2
Metchosin	C. P. Higgins		33	22	....	....	....	....	3	2	3
Mill Creek	J. R. Davies		39	38	1	1	2	2	2	2	11
Montrose	H. E. Langis		9	9	....	....	....	....	....	....	....
McGuire	D. Black		11	10	1	....	....	....	....	....	4
Nanaimo Bay	T. J. McPhee		76	72	1	....	2	1	6	7	12
Nanoose Bay	H. E. Langis		23	22	....	....	1	....	....	....	....
New Denver	J. E. Brouse		66	66	1	5	2	....	1	1	9
Nickel Plate	Robert Elliott		14	11	....	....	....	....	2	2	2
Nicomen	H. D. Leitch		20	18	....	....	....	....	1	....	2
Nicomen, North	"		15	15	....	....	....	....	....	....	2
Nine-mile	J. Bain Thom	Mrs. Campbell	9	9	....	....	....	....	....	1	3
North Bend	H. R. Fort		41	38	4	5	10	1	10	6	8
Northfield	T. J. McPhee		59	55	....	....	1	1	1	2	4
Ocean Falls	John Christie		40	39	....	....	3	....	2	2	6
Olalla	Robert Elliott		13	12	....	....	1	....	1	....	....
Otter Point	W. D. Calvert		25	22	....	....	1	....	....	....	2
Parksville	H. E. Langis		35	33	....	....	....	....	....	....	....
Powell River	Andrew Henderson		150	150	3	1	6	3	10	20	50
Princeton	D. McCaffrey		103	100	....	....	2	....	....	....	20
Princeton, East	"		23	17	....	....	....	2	....	....	3
Qualicum Beach	H. E. Langis		39	36	....	....	....	....	....	....	2
Qualicum, Little	"		13	9	....	....	1	....	....	....	....
Quesnel	G. R. Baker		42	41	....	....	2	1	1	1	3
Rocky Point	C. P. Higgins		33	22	....	....	....	....	3	2	3
Rosebery	J. E. Brouse		8	8	....	....	....	....	....	....	1
Roosville	D. Black		8	6	2	....	....	....	....	....	3
St. Elmo	J. C. Elliott		18	17	....	....	3	3	3	1	3
Salmo	John Nay	Mrs. Campbell	42	38	....	....	1	....	1	3	8
Savona	R. Wightman		12	12	....	....	....	....	....	....	3
Silverton	J. E. Brouse		67	60	....	....	3	....	2	1	7
Slocan City	"		70	66	1	1	4	....	1	....	

SCHOOLS.—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets, State if clean and adequate.
72	....	5	Chorea, 8	....	....	....	....	....	Good	Fair.
....	....	4	.....	....	....	....	....	.....	"	Yes.
6	1	....	.....	....	....	....	....	.....	"	Fair.
9	....	....	.....	....	....	....	....	.....	Very good	Clean.
20	12	5	.....	....	....	....	....	Typhoid, 2	Good	"
....	....	....	.....	....	....	....	....	.....	"	Good.
12	....	....	Chorea, 1	....	....	....	....	.....	"	Yes.
1	1	1	.....	....	....	....	....	.....	Excellent	"
3	....	....	.....	....	....	....	....	.....	Very good	Clean.
....	....	....	.....	....	....	....	....	.....	Satisfactory	Satisfactory.
....	....	....	.....	....	....	....	....	.....	No	Yes.
62	21	11	Nervous, 2; heart, 2; scoliosis, 5; pigeon-breast, 1	....	....	....	....	Typhoid, 1; mumps, 24	Good	"
5	....	2	.....	....	....	....	....	.....	"	"
1	....	....	.....	....	....	....	....	.....	No	"
99	10	1	.....	....	....	....	....	.....	Good	Good.
4	....	1	.....	....	....	....	....	Whooping-cough	"	"
2	1	....	.....	....	....	....	....	.....	Well ventilated	Yes.
5	....	....	.....	....	....	....	....	Scarlet fever, 3	Satisfactory	"
11	....	11	.....	....	....	....	....	.....	First class	Good.
....	....	....	.....	....	....	....	....	.....	No	Yes.
....	....	....	.....	....	....	....	....	.....	Heating insufficient	Good.
26	....	3	Anæmia, 1	....	....	....	....	.....	Good	"
6	....	2	.....	....	....	....	....	.....	Fair	Poor.
13	....	2	.....	....	....	....	....	.....	Good	Good.
24	....	....	Alopecia, 1	....	....	....	....	.....	Very good	Clean.
10	1	13	.....	....	....	....	....	Measles	Fair	Good.
4	2	....	.....	....	....	....	....	.....	Rather poor ventilation	Fair.
9	5	31	Bronchitis, 3; la grippe, 12	....	....	....	....	Measles, 15	Good	Good.
1	....	....	.....	....	....	....	....	.....	Stove too small	Yes.
17	16	7	Chorea, 1; pharyngitis, 6	....	....	....	....	Mumps, 1	Good, fair ventilation	"
14	7	5	Cardiac, 1; orthopædic defects, 3	....	....	....	....	.....	Fair	Adequate but not clean.
4	....	3	.....	....	....	....	....	.....	First class	Yes.
6	....	....	.....	....	....	....	....	.....	Fair	Fair.
3	....	....	.....	....	....	....	....	.....	Good	Yes; fair.
26	1	....	Mitral regurgitation, 1	....	....	....	....	.....	"	Good.
....	....	....	.....	....	....	....	....	.....	"	Should be repaired.
6	....	....	.....	....	....	....	....	.....	Very good	Clean.
19	2	....	.....	....	1	....	....	Diphtheria, 3	Good	Good.
....	....	....	.....	....	....	....	....	.....	"	"
2	8	9	Cardiac, 3; chest deformity, 1	....	....	....	....	.....	Senior school poorly ventilated	Yes.
3	1	2	.....	....	....	....	....	.....	Fair	Fair.
9	2	2	Nervous and cardiac, 1	....	....	....	....	.....	Good	Yes.
4	2	....	.....	....	....	....	....	.....	"	"
1	....	1	.....	....	....	....	....	.....	"	"
11	11	5	Cardiac, 2; pulmonary, 1; orthopædic defects, 3	....	....	....	....	.....	"	Adequate and fairly clean.
7	....	....	.....	....	....	....	....	.....	Very good	Good.
5	1	1	Cardiac, 1; nervous, 1	....	....	....	....	Whooping-cough and chicken-pox	Excellent	Yes.
4	....	3	.....	....	....	....	....	.....	Fair	Fair.
4	....	....	.....	....	....	....	....	Chicken-pox, 12; measles, 1; whooping-cough, 2	New; efficient	Yes.
....	....	....	.....	....	....	....	....	Whooping-cough, 1	Good	Good.
15	1	1	.....	....	....	....	....	.....	"	"
9	5	31	La grippe, 12; bronchitis, 3	....	....	....	....	Measles, 15	"	"
7	....	12	La grippe, 5	....	....	....	....	Measles, 4	"	"
....	....	....	.....	....	....	....	....	.....	Ventilation and heating fair	Clean.
2	....	....	.....	....	....	....	....	.....	Good	"
6	....	2	.....	....	....	....	....	.....	"	Yes.
3	....	....	.....	....	....	....	....	.....	"	Yes; fair.
1	4	1	.....	....	....	....	....	.....	Satisfactory	Being renovated.
2	1	....	.....	....	....	....	....	.....	Very good	Clean.
10	....	....	.....	....	....	....	....	.....	Fair	Poor.
15	....	1	.....	....	....	....	....	.....	Good	Yes.
7	....	....	.....	....	....	....	....	.....	"	Good.
2	5	9	Cardiac, 6; tubercular hip, 1; chronic bronchitis, 1	....	....	....	....	.....	Satisfactory	Yes.
....	2	7	Cardiac, 2; strabismus, 1	....	....	....	....	.....	"	"

RURAL AND ASSISTED

Name of School.	Medical Inspection.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Smithers	C. G. G. Maclean		34	28	..	1	2	1	1	2	11
Solsqua	J. H. Hamilton		15	14	....	....		....	2	2	4
Sooke	W. D. Calvert		25	22	....	....	1	....	....	....	2
Sooke Harbour	..		12	12	....	....	1	....	....	....	....
Standard Mine	J. E. Brouse		26	25	2	....	....	....	3	....	4
Telegraph Creek	Edward Rice		30	24	4	2	7	1	5	1	10
Three Forks	W. E. Gomm		8	8	....	....	....	....	....	1	1
Trout Lake	J. H. Hamilton		19	14	....	....	....	....	....	....	....
Tulameen	D. McCaffrey		10	10	....	1	1	....	....	....	....
Voigt Camp (Copper Mountain)	..		15	15	....	....	....	....	1	....	3
Waldo	D. Black		65	59	6	....	2	....	1	3	16
Walhachin	R. Wightman		9	9	1	....	....	....	....	1	1
Waterloo	T. J. McPhee		14	13	....	....	....	....	....	....	1
Wellington	..		44	36	..	1	2	....	2	2	4
Wellington, East	..		26	26	....	....	....	....	....	1	3
Wellington, South	..		130	123	....	....	1	1	3	7	18
Westbank	Wm. Buchanan		25	25	....	....	....	....	....	....	4
Westview	Andrew Henderson		14	10	....	....	....	....	1	2	4
Wilmer	P. W. Turnor		13	10	....	....	....	....	....	....	1
Windermere	..		9	9	....	....	....	....	....	....	5
Ymir	John Nay	Mrs. Campbell	39	36	....	....	1	....	1	5	12

SCHOOLS.—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
8	7	1	Whooping-cough, 1	....	....	....	....	.....	Excellent	Good.
5	1	1	.....	....	....	....	....	.....	Good	Yes.
4	....	....	.....	....	....	....	....	Chicken-pox, 12; measles, 1; whooping-cough, 2	New; efficient	"
....	....	....	.....	....	....	....	....	.....	"	"
1	3	3	Cardiac, 1; corneal ulcer, 1	....	....	....	....	.....	Satisfactory	"
16	3	....	Lateral curved spine	....	1	....	1	.....	Inadequate and poorly heated	Not sanitary.
1	....	....	.....	....	....	....	....	.....	Fair	Yes.
4	....	4	.....	....	....	....	....	.....	Good	"
2	....	3	.....	....	....	....	....	.....	"	Good.
2	....	2	.....	....	....	....	....	Measles, 2	"	"
36	3	2	.....	....	....	....	....	Influenza	Very good	Clean.
6	....	1	.....	....	....	....	....	.....	Not arranged properly	Good.
2	....	....	.....	....	....	....	....	.....	Good	"
5	....	....	Neurotic, 1	....	....	....	....	.....	"	"
3	....	....	.....	....	....	....	....	.....	"	"
31	4	1	.....	....	....	....	....	Four	Fair	Fair.
1	....	16	.....	....	....	....	....	.....	Satisfactory	Satisfactory.
....	....	....	Cardiac, 1	....	....	....	....	.....	Good	Good.
6	....	....	.....	....	....	....	....	.....	"	"
3	....	1	.....	....	....	....	....	.....	"	"
21	....	....	.....	....	....	....	....	.....	"	Yes.

REGISTRAR'S REPORT UNDER THE VITAL STATISTICS ACT.

H. E. Young, M.D.,
Secretary, Provincial Board of Health, Victoria, B.C.

VICTORIA, B.C., February 10th, 1918.

SIR,—Herewith please find tabulated returns of Vital Statistics for the year 1917.

I have the honour to be,
Sir.
Yours obediently,
MUNROE MILLER,
Deputy Registrar of Births, Deaths, and Marriages.

Following is the Forty-fifth Annual Report of Births, Deaths, and Marriages registered in this Province from January 1st to December 31st, inclusive, 1917, in accordance with section 5 of the "Vital Statistics Act":—

"The Registrar shall, as soon after the first day of January in each year as convenient, cause to be printed for public information a full report of the registered births, deaths, and marriages of the preceding year."

The section is quoted not only to show manner and authority for issuing an annual report, but for the purpose of drawing attention to the difficulties attending same.

As a preliminary the following list of offices of District Registrars of Births, Deaths, and Marriages is inserted, showing the manner in which they are grouped for the convenience of this office, and full returns, as far as received, from the various groups for 1917:—

Victoria Division—
- Victoria City.
- Cowichan.
- Esquimalt.
- Oak Bay.
- Saanich.

New Westminster Division—
- New Westminster City.
- Burnaby.
- Coquitlam.
- Fraser Mills.
- Ladner.
- Langley.
- Maple Ridge.
- Mission.
- Matsqui.
- Port Coquitlam.
- Port Moody.
- Pitt Meadows.
- Sumas.
- Surrey.
- Outside.
- Chilliwack City.
- Chilliwack Township.
- Chilliwack, outside.

Nanaimo Mining Division—
- Nanaimo Division.
- Nanaimo, outside.
- Alert Bay.
- Comox-Cumberland.
- Comox, outside.
- Ladysmith.

Beaton, etc.—
- Beaton.
- Cranbrook.
- Fernie.
- Golden.
- Kaslo.
- Nakusp.
- Nelson.
- New Denver.
- Revelstoke.
- Rossland.
- Slocan City.
- Trail.
- Wilmer.

Alberni, etc.—
- Alberni.
- Atlin.
- Bella Coola.
- Clayoquot.
- Fort Fraser.
- Hazelton.
- Fort St. John.
- Hudson Hope.
- Pouce Coupe.
- Porter's Landing.
- Prince Rupert.
- Quatsino.
- Queen Charlotte.
- Stewart.
- Telegraph Creek.

Ashcroft, etc.—
- Ashcroft.

Ashcroft, etc.—*Concluded.*
- Barkerville.
- Fort George.
- Tete Jaune Cache.
- Clinton.
- Lillooet.
- Quesnel.
- 150-Mile House.
- Yale.

Fairview, etc.—
- Fairview.
- Greenwood.
- Grand Forks.

Fairview, etc.—*Concluded.*
- Kamloops.
- Nicola.
- Princeton.
- Vernon.

Vancouver Division—
- Vancouver City.
- South Vancouver.
- Point Grey.
- North Vancouver.
- West Vancouver.
- Unorganized.
- Richmond.

Under proper headings, and in tables of the returns of births, deaths, and marriages, will be found returns for each of the above places, but for expedition the gross for each division or group is herewith appended for years 1916 and 1917. The loss or gain in each becomes quickly apparent.

	Births.		Deaths.		Marriages.	
	1916.	1917.	1916.	1917.	1916.	1917.
Victoria	1,516	1,398	654	589	516	449
Nanaimo	647	575	233	218	119	112
Vancouver	3,866	3,658	1,506	1,549	1,454	1,394
New Westminster	1,094	1,150	453	495	311	279
Ashcroft	196	196	77	74	54	44
Fairview	1,086	1,057	443	364	299	218
Alberni	329	357	127	144	94	107
Beaton	1,107	1,059	394	463	322	258
Totals	9,841	9,450	3,887	3,896	3,169	2,861

After a careful study of the question of population of the Province, and a consultation with the Inspector of Municipalities, it was determined to rely principally on his computation, with the following result:—

Population of cities	227,675
Population of municipalities	126,575
Estimated population in unorganized territory	20,000
Natural increase, registered births over registered deaths	5,554
Total	379,804
Estimated, 1916	383,380
Estimated, 1917	379,804
Loss	3,576

Through lack of positive information in the above matter it is assumed that the figures are correct, and calculation as to rates, comparisons, etc., will be made on the basis of a population of 379,804.

Following are the registrations for:—

	1915.	1916.	1917.
Births	10,516	9,841	9,450
Deaths	3,832	3,887	3,896
Marriages	3,393	3,169	2,861
Totals	17,741	16,897	16,207

Following are the rates per thousand of population for births, deaths, and marriages for the years 1916 and 1917. In considering the rates it must be remembered that the population in the respective years was placed at 383,380 and 379,804.

	1916.	1917.
Province—		
Registered births	9,841 = 25.66	9,433 = 24.83
Registered deaths	3,887 = 10.14	3,896 = 10.25
Registered deaths, less still-born	3,686 = 9.60	3,721 = 9.79
Registered marriages	3,169 = 8.27	2,861 = 7.53
Vancouver City—		
Registered births	2,686 = 28.07	2,670 = 27.81
Registered deaths	1,240 = 12.96	1,307 = 13.61
Registered deaths, less still-born	1,125 = 11.65	1,223 = 12.74
Registered marriages	1,152 = 13.08	1,191 = 12.40
Victoria City—		
Registered births	1,106 = 30.29	995 = 26.97
Registered deaths	533 = 14.59	476 = 13.03
Registered deaths, less still-born	508 = 13.90	456 = 12.48
Registered marriages	420 = 12.59	382 = 10.46
South Vancouver—		
Registered births	579 = 20.60	480 = 17.07
Registered deaths	112 = 3.98	88 = 3.13
Registered deaths, less still-born	97 = 3.45	76 = 2.70
Registered marriages	110 = 3.91	97 = 3.09
Remainder of Province—		
Registered births	5,470 = 24.47	5,288 = 24.12
Registered deaths	2,002 = 9.16	2,025 = 9.23
Registered deaths, less still-born	1,956 = 8.76	1,966 = 8.96
Registered marriages	1,387 = 6.21	1,191 = 5.43

In arriving at the foregoing rates the population of the Province in 1916 was taken as 383,380; Vancouver City as 95,660; Victoria as 36,510; South Vancouver as 28,106; balance of Province as 223,104.

For 1917 the population of the Province has been taken as 379,804; Vancouver City as 96,000; Victoria as 36,510; South Vancouver as 28,106 balance of Province as 219,188.

Following is a classified list of deaths occurring in British Columbia for the years 1913 to 1917, inclusive:—

	1913.	1914.	1915.	1916.	1917.	Average.
1. General diseases	997	856	895	936	965	929.8
2. Diseases of nervous system and organs of special sense	404	358	336	389	380	373.4
3. Diseases of the circulatory system	501	403	479	456	540	475.8
4. Diseases of the respiratory system	458	345	340	494	439	415.2
5. Diseases of the digestive system	300	329	260	224	268	276.2
6. Non-venereal diseases of the genito-urinary system and annexa	238	207	163	206	204	203.6
7. The puerperal state	53	65	50	50	59	55.4
8. Diseases of the skin and cellular tissue	12	13	7	15	23	14.0
9. Diseases of the bones and organs of locomotion	.....	.....	1	3	3	1.4
10. Malformations	9	42	51	55	51	41.6
11. Diseases of early infancy	765	579	526	438	405	542.6
12. Old age	68	66	70	80	54	67.6
13. Affections produced by external causes	717	642	583	473	455	574.0
14. Ill-defined, including executions	97	72	71	68	50	71.6
Totals	4,619	3,977	3,832	3,887	3,896	4,042.2

The following tabulated statement of deaths from various diseases covering a period of eighteen years is submitted for consideration, and it is hoped, after perusal of same by parties peculiarly interested, that the word "pneumonia" will lose its popularity, and for the future in returns of death the "prime cause, followed by pneumonia," will be substituted. If this course can be adopted a far more reliable report *re* children's diseases can be prepared.

	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	Totals.	Average for 18 years.
Typhoid fever	79	35	32	24	42	34	39	63	72	55	102	92	99	85	42	32	23	24	974	54.11
Whooping-cough	6	...	6	12	3	4	4	26	9	18	15	23	15	27	23	9	37	21	258	14.33
Diphtheria	7	11	31	21	16	10	15	21	29	14	23	68	36	35	11	11	18	19	386	21.44
Scarlet fever	2	7	7	17	8	4	6	4	5	16	14	31	12	18	3	....	1	7	162	9.00
Measles	1	...	6	1	1	1	2	10	6	1	7	11	13	11	1	14	12	6	104	5.77
Smallpox	...	...	...	...	2	...	1	...	1	...	1	...	...	...	...	...	...	3	8	0.44
Diarrhœa and enteritis	35	29	30	22	48	48	45	53	33	59	74	53	130	113	108	72	35	53	1,040	57.77
Dysentery	6	4	6	2	4	4	6	9	11	12	51	24	23	24	13	14	14	7	234	13.00
Purulent infection and septicæmia	11	13	11	16	19	15	11	22	19	30	31	30	39	10	45	34	29	45	430	23.9
Influenza	7	3	6	11	6	7	2	26	5	10	5	10	10	11	11	18	36	17	211	11.72
Pneumonia	98	102	155	115	104	100	110	217	152	153	164	237	258	195	183	157	228	224	2,952	164.00
*Bronchopneumonia	..	..	..	..	..	..	..	..	33	46	51	85	124	66	64	62	140	92	763	76.30
Bronchitis	22	26	22	19	24	16	20	47	44	36	42	60	63	51	47	47	49	36	671	37.28
Totals	274	230	312	260	277	243	261	498	419	450	580	724	822	646	551	470	622	554	8,193	....

*Bronchopneumonia does not appear to have been segregated until 1908; consequently the average is for 10 and not 18 years.

Re cancer: The following statement is self-explanatory. The total number of deaths, 248, is 6.36 of all deaths and 0.65 per thousand of population.

	Male.	Female.	Total.
Victoria Division	28	33	61
New Westminster Division	14	9	23
Nanaimo Division	4	3	7
Beaton Group	5	5	10
Alberni Group	3	2	5
Ashcroft Group	..	..	..
Fairview Group	13	7	20
Vancouver Division	61	61	122
Totals	128	120	248

Re tuberculosis: Deaths from tuberculosis, all forms, are shown below. Total deaths, 413, being 10.6 of all deaths and 1.08 per thousand of population.

	Male.	Female.	Total.
Victoria Division	39	18	57
New Westminster Division	27	17	44
Nanaimo Division	10	7	17
Beaton Group	19	9	28
Alberni Group	5	4	9
Ashcroft Group	5	3	8
Fairview Group	38	31	69
Vancouver Division	111	70	181
Totals	254	159	413

Reference to both tuberculosis and cancer is made elsewhere.

The following information is presented as a comparative statement *re* the ages of decedents for the years 1916 and 1917:—

	1916.	1917.
Under 1 year	601	587
1 to 2 years	121	82
2 to 5 years	108	107
5 to 10 years	70	76
10 to 20 years	104	154
20 to 30 years	298	329
30 to 40 years	451	473
40 to 50 years	486	451
50 to 60 years	450	456
60 to 70 years	413	461
70 to 80 years	348	341
80 to 90 years	175	158
90 years and up	22	18
Age not given	37	28
Age and sex not given	2	..
Totals	3,686	3,721

In the above figures the still-born are not included with deaths under one year. There were 201 still-births reported in 1916 and 175 in 1917.

In connection with the above, it is worthy of note that, notwithstanding the heavy showing of infant mortality in each year, if we take the columns of each year, from infancy to 39 years, the totals are respectively 1,753 and 1,808, whilst the columns from 40 to final age returns stand respectively 1,933 to 1,913. This shows a wonderful evenness and calls attention to the longevity of the people of the Province. From the age of 60 years up, we have 958 in 1916 and 978 in 1917.

In compiling this report we have, necessarily, been compelled to scan the annual reports of this Department for several years back. Whilst so engaged we chanced upon a paragraph in the report for 1914: "Another piece of work undertaken and almost completed has been the arrangement and placing in alphabetical order of all the returns received by this office since 1872. The documents from each district have been gathered together and bound, so that what belongs to Victoria, or any other place, may be found by itself under its proper year and letter. The undertaking entailed no little labour, but the results certainly justify the course pursued." The staff takes it for granted that all persons are entitled to rejoice when they have successfully accomplished an important undertaking. In this case the end of the task is so near that we announce its completion, and hold all returns duly placed under their respective districts and arranged in alphabetical order.

In the same report we find allusion to church registers. The different denominations have generally responded cheerfully, and for their co-operation we take this occasion to thank them; yet the greatest is still behind. Arrangements have finally been made whereby we have had placed at our disposal the records of the Church of England antedating the Oregon award by several years. With these documents duly classified and arranged, it is held that the Province of British Columbia may with pride compare records with any Province in the Dominion of Canada.

Re the matter of vital statistics of the Indians of British Columbia: Up to the year 1916 the registration of births, deaths, and marriages among Indians received no recognition at the hands of this Department, section 3 of the "Vital Statistics Act" preventing such registration:—

"3. The provisions of this Act shall apply to every person resident within this Province, whether such residence be permanent or temporary, and shall apply to all races and nationalities except persons who are Indians within the meaning of the Act of the Dominion Parliament respecting Indians."

In 1914 the Department of Indian Affairs at Ottawa took the matter up with the Government of this Province and urged amendment of our Act to the end that Indians should receive the same recognition under the Act as that accorded all other peoples. After considerable correspondence, which need not be introduced here, extending over a period of two years, a compromise was

effected, and the following amendment to the Act was made in 1916 and became a part of the laws of the land:—

"2. Section 3 of the 'Vital Statistics Act,' being chapter 81 of the Statutes of 1913, is hereby repealed, and the following is substituted therefor:—

"'3. (1.) The provisions of this Act shall apply to every person, of whatever race or nationality, resident within this Province, but shall not, except as herein provided, apply to the persons who are Indians within the meaning of the Act of the Dominion Parliament respecting Indians.

"'(2.) For the purpose of compiling statistics of births, deaths, and marriages of such Indians, the Registrar may accept returns to be made monthly by the respective Indian Agents in the Province, and such returns shall be kept separate and apart from the other returns authorized or required by this Act, and shall be made according to the forms specially prepared by the Registrar.'"

From and after the passage of the amendment everything was done in regular order; the first thing, naturally, was the appointment of the various Indian Agents as Registrars, etc., for Indians only, as follows:—

"Provincial Secretary's Office,
October 26th, 1916.

"His Honour the Lieutenant-Governor in Council has been pleased to appoint the undermentioned Indian Agents to be Registrars under the 'Marriage Act,' and District Registrars of Vital Statistics, for Indians only:—

Name.	Agency.	Address.
W. R. Robertson	Cowichan	Duncan.
C. A. Cox	West Coast	Alberni.
R. E. Loring	Babine	Hazelton.
Iver Fougner	Bella Coola	Bella Coola.
John F. Smith	Kamloops	Kamloops.
R. L. T. Galbraith	Kootenay	Fort Steele.
H. Graham	Lytton	Lytton.
Chas. C. Perry	Nass	Prince Rupert.
Peter Byrne	New Westminster	New Westminster.
J. R. Brown	Okanagan	Vernon.
Thos. Deasy	Queen Charlotte	Masset.
W. S. Simpson	Stikine	Telegraph Creek.
W. J. McAllan	Stuart Lake	Fort Fraser.
Isaac Ogden	Williams Lake	Lac la Hache.
W. M. Halliday	Kwawkewlth	Alert Bay."

Special forms were printed, all necessary books and other supplies furnished and forwarded to the different agencies, in addition to which the Indian Department at Ottawa notified its various agents by circular letter of the amendment to the Act, etc., closing the letter with the following paragraph:—

"You will therefore receive instructions from the Registrar of Births, Deaths, and Marriages, fully instructing you in your duties as Registrar, and I am to inform you that the Department confirms your appointment as such and will be glad if you will endeavour to carry out any instructions that may be sent you by the Provincial Registrar."

Whilst the foregoing work was under way, our "exchanges" were closely watched in the hope that something bearing on Indian vital statistics might appear. The most pertinent coming under observation contains the following:—

"It has been generally believed that the white man's civilization was inimical to the red man. . . . It seems now that these conclusions were without basis in fact, and that the race is really increasing nearly as fast as the white race."

If such a condition has been rendered possible on one side of a national boundary-line, there is every reason to believe that it can be done on this side, and that the line itself will never rise and say: "Thus far shall civilization of the Indian come, and no farther."

In justification of the position assumed in the foregoing paragraph, we must be permitted to quote from the Annual Report of the Department of Indian Affairs. Therein is found that:—

British Columbia has an Indian population of	25,399
British Columbia has land under crop, acres	11,603
British Columbia has produced grain, roots, bushels	567,528
British Columbia has produced hay, tons	24,847
Representing a total value of	$598,329
Ontario, the premier Province, has an Indian population of	26,162
Ontario has land under crop, acres	16,180
Ontario has produced grain, roots, bushels	495,767
Ontario has produced hay, tons	31,958
Representing a total value of	$506,648

British Columbia standing above her nearest competitor by $91,681. And her Indian population is treated as a negligible quantity.

It may be urged that this trifling critique is out of place, but the facts tempted me and I wandered.

The reports from the Indian Agents as a whole are not satisfactory. In some cases the Agents have evidently taken considerable trouble, even gone out of their way, to comply with the instructions issued from this office, whilst others (particularly Okanagan and Williams Lake) have ignored the business entirely—no notice of any kind having been received for the whole year. In other cases, instead of reporting monthly, as per their instructions, the Agents apparently await the accumulation of a batch sufficiently large to fill an envelope before attempting to forward the documents to this office. However, this is only the first year, and hope still lives.

The following is a brief summary of the returns as received:—

Births	144
Deaths	310
Marriages	67
Total	521

Total registrations made for the year, 521 for a population of 25,399, the number given in the Report of the Department of Indian Affairs for 1915. The deaths exceed the births by 166, and we have record of only 67 marriages. Evidently there is a laxness somewhere which must be overcome.

The cash receipts for the year amount to $1,430.15, being $225.65 in excess of 1916.

Certificates issued for military purposes, as nearly as can be arrived at, stand between 4,000 and 5,000. The number is assumed because the offices in Victoria and Vancouver together have issued 3,455, to which must be added what was issued by the different District Registrars. The above certificates are issued free of charge.

The various forms of tabulated statements used in last year's report have been retained and some new ones introduced.

Letters received and dealt with in 1917, 4,590; notices received of marriage licences issued, 2,864; notices of births received from physicians (for Victoria Division only), 1,038. Whilst on this topic it may not be out of place to point out that, in addition to the regular work, the staff has in the last four years indexed, classified, and arranged in alphabetical order returns of births, deaths, and marriages numbering 184,525 lines.

I have the honour to be,

Sir,

Your obedient servant,

M. MILLER,

Deputy Registrar, Births, Deaths, and Marriages.

BIRTHS, 1917.

Mining Division.	Registrations in 1917.			Total Registrations.		Births in 1917.			Total Births.	
	Male.	Female.	Sex not given.	1917.	1916.	Male.	Female.	Sex not given.	1917.	1916.
Ainsworth—										
Kaslo	13	11	..	24	25	13	7	..	20	21
Arrow Lake—										
Nakusp	8	6	..	14	25	3	4	..	7	19
Atlin—										
Atlin	3	4	..	7*	2	2	4	..	6*	2
Ashcroft—										
Ashcroft	18	17	..	35	16	7	8	..	15	12
Alberni—										
Alberni	21	19	..	40	34	15	12	..	27	26
Bella Coola—										
Bella Coola	5	11	..	16	15	4	9	..	13	12
Cariboo—										
Barkerville	..	..	..	..	2	..	..	..	..	2
Fort George	21	34	..	55	79	19	31	..	50	70
Tete Jaune Cache	8	7	..	15	13	8	7	..	15	11
Clayoquot—										
Clayoquot	1	1	..	2	3	1	1	..	2	3
Clinton—										
Clinton	9	6	..	15	18	4	4	..	8	13
Fort Steele—										
Cranbrook	69	68	..	137	151	50	54	..	104	118
Fernie	98	105	..	203	243	82	77	..	159	198
Greenwood—										
Greenwood	47	34	..	81	97	34	26	..	60	74
Grand Forks—										
Grand Forks	47	30	..	77	81	33	28	..	61	63
Golden—										
Golden	22	18	..	40	41	20	10	..	30	35
Kamloops—										
Kamloops	149	154	..	303	326	100	104	..	204	249
Liard—										
Porter's Landing	..	1	..	1*	..	..	1	..	1*	..
Lardeau—										
Beaton	2	1	..	3	9	1	1	..	2	8
Lillooet—										
Lillooet	2	3	..	5	8	1	2	..	3	4
Nicola—										
Nicola	35	35	..	70	55	23	26	..	49	41
Nelson—										
Nelson	119	107	..	226	235	80	82	..	162	194
New Westminster—										
New Westminster	258	223	..	481	438	170	152	..	322	304
Burnaby	85	75	..	160	210	67	58	..	125	141
Chilliwack	63	71	..	134	143	44	52	..	96	99
Outside	196	179	..	375	303	132	122	..	254	224
Nanaimo—										
Nanaimo	160	150	..	310	355	114	106	..	220	261
Alert Bay	7	11	..	18	26	2	7	..	9	24
Comox	88	78	..	166	205	70	55	..	125	158
Ladysmith	37	44	..	81	61	23	33	..	56	49
Osoyoos—										
Fairview	43	37	1	81	61	31	31	1	63	46
Omineca—										
Hazelton	21	16	..	37	50	18	14	..	32	40
Fort Fraser	6	11	..	17	12	3	6	..	9	10
Portland Canal—										
Stewart	..	..	..	..	..	..	..	..	..	..
Peace River—										
Fort St. John	1	1	..	2*	..	1	..	..	1*	..
Hudson Hope	3	2	..	5*	..	1	1	..	2*	..
Pouce Coupe	12	7	..	19	10	10	6	..	16	7
Quesnel—										
Quesnel	13	14	..	27	31	9	9	..	18	26
150-Mile House	6	3	..	9	9	3	1	..	4	5
Quatsino—										
Quatsino	2	2	..	4	7	2	2	..	4	5
Queen Charlotte—										
Queen Charlotte City	11	8	..	19	12	9	4	..	13	11
Revelstoke—										
Revelstoke	64	58	..	122	129	51	49	..	100	105
Similkameen—										
Princeton	16	11	..	27	11	14	7	..	21	9
Slocan—										
New Denver	14	15	..	29	25	8	12	..	20	19
Slocan City Division—										
Slocan City	5	2	..	7	3	5	2	..	7	2
Stikine—										
Telegraph Creek	1	1	..	2*	2	..	1	..	1*	..
Carried forward	1,809	1,691	1	3,501	3,581	1,287	1,228	1	2,516	2,722

BIRTHS, 1917—*Concluded.*

Mining Division.	Registrations in 1917.			Total Registrations.		Births in 1917.			Total Births.	
	Male.	Female.	Sex not given.	1917.	1916.	Male.	Female.	Sex not given.	1917.	1916.
Brought forward	1,809	1,691	1	3,501	3,581	1,287	1,228	1	2,516	2,722
Skeena—										
Prince Rupert	105	74	..	179	181	82	62	..	144	143
Anyox	3	4	..	7	..	3	4	..	7	..
Trail Creek—										
Rossland	40	27	..	67	97	21	18	..	39	65
Trail	84	78	..	162	100	70	64	..	134	91
Trout Lake—										
Trout Lake	3	..	..	3	3	..	..	..	..	2
Vernon—										
Vernon	226	192	..	418	455	165	126	..	291	337
Vancouver—										
Vancouver City	1,424	1,246	..	2,670	2,686	1,064	944	..	2,008	1,992
North Vancouver City	74	56	1	131	166	63	42	1	106	136
North Vancouver District	21	13	..	34	40	17	10	..	27	34
South Vancouver	251	229	..	480	579	197	193	..	390	421
West Vancouver	2	6	..	8	16	1	5	..	6	11
Point Grey	73	49	..	122	139	46	38	..	84	116
Unorganized	39	27	..	66	86	30	21	..	51	72
Richmond	71	76	..	147	154	62	62	..	124	131
Victoria—										
Victoria City	517	478	..	995	1,106	381	363	..	744	836
Cowichan	49	53	..	102	101	37	35	..	72	86
Esquimalt	36	44	..	80	62	29	32	..	61	50
Oak Bay	22	22	..	44	53	18	15	..	33	45
Saanich	94	83	..	177	194	56	60	..	116	150
Windermere—										
Wilmer	7	15	..	22	21	7	12	..	19	21
Yale—										
Yale	19	16	..	35	20	11	11	..	22	14
Totals	4,969	4,479	2	9,450	9,840	3,647	3,345	2	6,994	7,475

* December returns not received.

DEATHS, 1917.

Mining Division.	Under 1 year, including still-born.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, 1917.	Total, 1916.	Still-born, 1917.
Ainsworth—																				
Kaslo	2	....	....	1	....	5	2	4	2	7	1	....	....	....	20	4	....	24	14	1
Arrow Lake—																				
Nakusp	2	....	....	....	....	....	1	1	3	1	....	....	....	....	4	4	....	8	8	....
Atlin—																				
Atlin	....	....	....	....	....	....	....	....	....	....	1	....	....	....	1	....	....	1	8	....
Ashcroft—																				
Ashcroft	3	....	....	....	3	2	....	....	2	1	....	....	....	....	8	3	....	11	8	....
Alberni—																				
Alberni	3	1	....	....	1	2	1	1	3	1	1	....	....	2	9	7	....	16	12	....
Bella Coola—																				
Bella Coola	....	....	....	1	1	1	4	1	2	1	....	....	....	....	10	1	....	11	4	....
Cariboo—																				
Barkerville	....	....	....	....	....	....	1	....	....	....	1	....	....	....	2	....	....	2	....	....
Fort George	5	....	....	....	2	1	2	2	1	2	....	....	....	1	12	4	....	16	21	....
Tete Jaune Cache	3	....	1	....	....	1	4	....	1	....	....	....	....	....	10	....	....	10	4	....
Clayoquot—																				
Clayoquot	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	1	....	1	3	....
Clinton—																				
Clinton	1	....	....	....	....	....	....	....	2	....	....	....	....	....	3	....	....	3	10	....
Fort Steele—																				
Cranbrook	16	2	3	1	....	5	5	5	4	5	....	....	....	2	29	19	....	48	43	3
Fernie	42	7	3	1	4	22	22	14	9	9	4	....	....	3	104	36	....	140	87	8
Greenwood—																				
Greenwood	13	....	1	1	....	2	1	2	2	4	5	....	....	1	24	8	....	32	28	....
Grand Forks—																				
Grand Forks	9	....	4	....	2	1	2	4	5	....	4	1	....	....	24	8	....	32	28	2
Golden—																				
Golden	1	....	....	....	1	2	2	1	2	....	....	....	....	1	9	1	....	10	18	....
Kamloops—																				
Kamloops	12	7	4	....	4	22	31	15	19	13	18	9	1	....	100	55	....	155	172	....
Liard—																				
Porter's Landing	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Lardeau—																				
Beaton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....
Lillooet—																				
Lillooet	....	....	....	1	....	1	....	....	1	1	....	1	....	....	4	1	....	5	6	....
Nicola—																				
Nicola	....	....	....	....	....	1	5	3	4	1	1	....	....	2	11	6	....	17	22	....
Nelson—																				
Nelson	17	1	6	3	9	9	7	14	13	12	7	4	....	4	72	34	....	106	74	4
New Westminster—																				
New Westminster	44	4	7	5	12	15	30	38	20	34	21	11	2	....	146	97	....	243	212	18
Burnaby	10	2	....	1	1	3	5	1	....	4	7	1	....	....	24	11	....	35	47	1
Chilliwack	10	1	....	....	4	....	....	3	7	5	6	....	....	1	25	12	....	37	47	....
Outside	33	7	4	2	5	8	23	18	19	25	25	11	....	....	130	50	....	180	147	6
Nanaimo—																				
Nanaimo	17	....	6	1	2	12	11	15	11	10	9	5	....	....	60	39	....	99	114	....
Alert Bay	4	....	....	....	....	1	4	1	1	....	....	....	....	....	8	3	....	11	11	1
Comox	4	1	2	1	5	12	16	14	8	9	7	2	1	1	63	20	....	83	84	....
Ladysmith	7	2	4	....	1	3	2	2	1	1	2	....	....	....	9	16	....	25	24	....
Osoyoos—																				
Fairview	1	....	....	....	1	2	3	7	9	4	2	1	....	1	22	9	....	31	31	....
Omineca—																				
Hazelton	5	....	1	....	....	1	....	1	5	9	1	1	....	1	18	7	....	25	21	....
Fort Fraser	2	1	....	....	....	1	1	2	....	2	....	....	....	....	5	4	....	9	9	....
Portland Canal—																				
Stewart	....	....	....	....	....	1	....	....	1	1	....	....	....	....	3	....	....	3	1	....
Peace River—																				
Fort St. John	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Hudson Hope	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Pouce Coupe	....	....	....	1	....	....	1	....	....	1	....	....	....	....	2	1	....	3	4	....
Quesnel—																				
Quesnel	....	....	....	....	....	....	1	2	....	1	....	....	....	....	4	....	....	4	14	....
150-Mile House	....	....	....	....	....	....	1	1	1	....	1	1	....	....	3	2	....	5	2	....
Quatsino—																				
Quatsino	....	....	....	....	....	1	1	....	....	....	....	....	....	....	1	1	....	2	1	....
Queen Charlotte—																				
Queen Charlotte City	1	....	1	1	....	1	....	....	1	....	....	....	....	....	5	....	....	5	10	....
Revelstoke—																				
Revelstoke	14	....	3	1	2	3	2	6	4	3	1	....	....	1	30	10	....	40	42	....
Similkameen—																				
Princeton	1	....	....	....	2	4	....	1	....	1	2	1	....	....	5	7	....	12	16	....
Slocan—																				
New Denver	1	....	1	....	....	1	3	3	1	3	....	....	....	....	11	2	....	13	10	....
Slocan City Division—																				
Slocan City	1	....	1	....	1	....	....	1	....	....	....	....	....	....	2	2	....	4	5	....
Carried forward	284	36	52	22	59	146	195	183	164	171	127	49	4	21	1032	485	....	1517	1[illegible]	1[illegible]

DEATHS, 1917—*Concluded.*

Mining Division.	Under 1 year, including still-born.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, 1917.	Total, 1916.	Still-born, 1917.
Brought forward ..	284	36	52	22	59	146	195	183	164	171	127	49	4	21	1032	485	....	1517	1425	44
Stikine—																				
Telegraph Creek	....	....	....	....	....	..	2	....	....	2	....	....	....	....	4	....	....	4	2	....
Skeena—																				
Prince Rupert	14	2	1	....	....	7	14	9	6	6	1	1	....	2	52	11	....	63	52	1
Anyox	1	....	..	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....
Trail Creek—																				
Rossland	4	....	....	....	1	2	1	6	9	5	1	1	1	....	19	12	....	31	45	1
Trail	10	....	2	1	....	3	5	4	6	1	....	1	....	....	25	8	....	33	40	2
Trout Lake—																				
Trout Lake	....	....	....	....	....	....	1	1	....	....	....	....	....	....	2	....	....	2	....	....
Vernon—																				
Vernon	12	3	3	3	6	8	10	6	10	11	8	3	2	....	54	31	....	85	146	....
Vancouver—																				
Vancouver City	273	24	28	28	49	100	177	153	157	160	103	49	5	1	810	497	....	1307	1240	84
North Vancouver	13	1	1	4	5	3	4	5	9	6	6	1	....	..	28	30	....	58	36	7
North Vancouver Dist.	2	....	....	....	1	2	1	1	3	....	1	1	....	....	8	4	....	12	11	....
South Vancouver	27	5	2	4	5	2	9	5	3	10	12	4	....	..	50	38	....	88	112	12
West Vancouver	1	..	....	....	....	1	....	1	1	....	....	....	....	....	2	2	....	4	4	1
Point Grey	8	....	....	....	....	....	1	4	7	4	3	2	....	....	17	12	....	29	38	1
Richmond	3	1	4	1	4	3	2	3	2	5	1	....	1	....	20	10	....	30	33	....
Unorganized	3	1	....	....	2	3	5	4	3	....	....	....	....	....	17	4	....	21	32	1
Victoria—																				
Victoria City	89	8	12	12	11	40	37	54	61	56	56	35	4	1	279	197	....	476	533	20
Cowichan	3	1	....	....	2	....	3	6	4	5	5	3	....	1	27	6	....	33	36	....
Esquimalt	1	....	1	....	4	4	4	1	....	3	5	2	1	....	18	8	....	26	26	....
Oak Bay	3	....	....	....	....	....	....	....	....	8	2	2	....	....	8	7	....	15	19	1
Saanich	9	....	1	1	....	2	1	3	3	7	9	3	....	....	23	16	....	39	40	....
Windermere—																				
Wilmer	....	....	....	....	1	1	1	....	....	1	....	....	....	....	4	....	....	4	5	....
Yale—																				
Yale	2	....	....	....	....	2	....	2	8	....	1	1	....	2	15	3	....	18	12	....
Totals	762	82	107	76	154	329	473	451	456	461	341	158	18	28	2514	1382	....	3896	3887	175

MARRIAGES, 1917.

GROOM AND BRIDE SAME DENOMINATION.

Denomination.	Number of Marriages.
Adventist	4
Agnostic	1
Anglo-Catholic	2
Atheist	1
Baptist	45
Brethern	9
Buddhist	2
Calvinist	1
Cambellite	1
Christian	7
Christian Brethern	6
Christian Baptist	1
Christian Science	4
Christadelphian	1
Church of God	1
Church of England	388
Confucian	5
Congregational	6
International Bible Student	1
Jewish	11
Carried forward	497

Denomination.	Number of Marriages.
Brought forward	497
Latter Day Saints	1
Lutheran	89
Mennonite	1
Methodist	209
None	3
Not given	6
Non-Sectarian	1
Orthodox	1
Orthodox (Greek)	8
Penticostal	1
Presbyterian	366
Protestant	28
Reformed Episcopal	2
Roman Catholic	368
Salvation Army	8
Theist	1
Universalist	1
Total	1,591

GROOM AND BRIDE OF DIFFERENT DENOMINATIONS.

Groom.	Bride.	Number of Marriages.	
Church of England	Baptist	30	
"	Bible Student	1	
"	Brethern	2	
"	Christian	2	
"	Christian Science	1	
"	Congregational	8	
"	Greek Orthodox	1	
"	Jew	2	
"	Lutheran	11	
"	Methodist	68	
"	Mormon	1	
"	New Light	1	
"	None	2	
"	Not given	1	
"	Presbyterian	112	
"	Protestant	5	
"	Roman Catholic	45	
			293
Congregational	Christian Church	2	
"	Christian Science	1	
"	Church of England	8	
"	Methodist	3	
"	Presbyterian	6	
"	Roman Catholic	4	
			24
Greek Catholic	Church of England	3	
"	Presbyterian	2	
"	Roman Catholic	4	
"	Servian Orthodox	1	
			10
Jew	Lutheran	1	
"	Roman Catholic	1	
			2
Not given	Church of England	2	
"	Presbyterian	3	
"	Roman Catholic	2	
"	Theosophist	1	
			8
Presbyterian	Anglo-Catholic	1	
"	Baptist	34	
"	Brethern	4	
"	Christian	2	
"	Christian Science	4	
"	Congregational	6	
"	Church of England	163	
"	Jew	1	
"	Lutheran	12	
Carried forward		227	337

Groom.	Bride.	Number of Marriages.	
Brought forward		227	337
Presbyterian—*Con.*	Methodist	49	
"	None	1	
"	Not given	1	
"	Protestant	3	
"	Roman Catholic	33	
"	Theosophist	1	
"	Universalist	1	
			316
Protestant	Baptist	7	
"	Brethern	1	
"	Church of England	5	
"	Lutheran	1	
"	Methodist	5	
"	Not given	1	
"	Presbyterian	4	
"	Roman Catholic	6	
			30
Reformed Episcopal	Church of England	2	
"	Methodist	1	
			3
Spiritualist	Baptist	1	
"	Church of England	1	
"	Roman Catholic	1	
			3
Lutheran	Adventist	1	
"	Baptist	2	
"	Church of England	22	
"	Disciples of Christ	1	
"	Dutch Reformed	1	
"	Latter Day Saints	1	
"	Methodist	12	
"	Presbyterian	19	
"	Protestant	3	
"	Roman Catholic	13	
			75
Methodist	Adventist	2	
"	Baptist	38	
"	Christian	7	
"	Christian Science	2	
"	Church of England	61	
"	Congregational	2	
"	Evangelican	1	
"	Independent	1	
"	Latter Day Saints	2	
"	Lutheran	1	
Carried forward		1	

GROOM AND BRIDE OF DIFFERENT DENOMINATIONS—*Concluded.*

Groom.	Bride.	Number of Marriages.	
Brought forward		123	764
Methodist—*Con.*	Jew	1	
"	Not given	1	
"	Presbyterian	79	
"	Protestant	2	
"	Quaker	1	
"	Roman Catholic	23	
		—	230
None	Church of England	2	
"	Methodist	2	
"	Presbyterian	3	
"	Quaker	1	
"	Roman Catholic	2	
		—	10
Baptist	Adventist	1	
"	Brethern	1	
"	Christian	1	
"	Christian Science	1	
"	Church of England	16	
"	Congregational	3	
"	Lutheran	2	
"	Methodist	24	
"	Presbyterian	15	
"	Protestant	2	
"	Roman Catholic	13	
"	Salvation Army	1	
		—	80
Buddhist	Christian	1	
"	Methodist	1	
		—	2
Christian	Adventist	1	
"	Baptist	2	
"	Church of England	2	
"	Lutheran	2	
"	Methodist	6	
"	Presbyterian	1	
"	Reformed Episcopal	1	
"	Roman Catholic	2	
"	Spiritualist	1	
"	Universalist	1	
		—	19
Christian Science	Baptist	1	
"	Church of England	2	
"	Congregational	1	
"	Methodist	2	
		—	6
Carried forward			1,111

Groom.	Bride.	Number of Marriages.	
Brought forward			1,111
Theosophist	Christian Spiritualist	1	
"	Methodist	1	
		—	2
Unitarian	Church of England	1	
"	Lutheran	1	
"	Methodist	2	
"	Presbyterian	1	
		—	5
Adventist	Methodist	2	
American Epis. Ch	Church of England	1	
Anglo-Catholic	Presbyterian	1	
Brahmin	Congregational	1	
Brethern	Church of England	1	
Catholic Apostolic	Church of England	1	
Church of Ireland	Christadelphian	1	
Confucian	Methodist	1	
Dunker	Lutheran	1	
Epis. Ch. of Scotland	Presbyterian	1	
Freethinker	Christian Friends	1	
Liberal	Presbyterian	1	
Materialist	None	1	
Mennonite	Lutheran	1	
Mormon	Presbyterian	1	
Nondescript	Presbyterian	1	
Orthodox	Christian	1	
Quaker	Methodist	1	
Salvation Army	Church of England	1	
Socialist	Methodist	1	
Undenominational	Church of England	1	
Universalist	Methodist	1	
		—	23
Roman Catholic	Adventist	1	
"	Baptist	10	
"	Christian	2	
"	Church of England	38	
"	Congregational	1	
"	German Evangelical	1	
"	Greek Catholic	1	
"	Inter. Bible Student	1	
"	Lutheran	9	
"	Methodist	23	
"	None	2	
"	Presbyterian	35	
"	Protestant	4	
"	Quaker	1	
		—	129
Total			1,270
Bridegroom and Bride *same* denomination			1,591
Grand total			2,861

PRELIMINARY TABLES SHOWING BIRTHS FOR DIVISIONS.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Ashcroft Group.													
Ashcroft	1	1	..	1	2	4	1	1	1	1	2	..	15
Barkerville	..	..	..	..	..	..	..	..	..	..	..	..	..
Fort George	2	4	5	3	4	4	4	5	4	5	4	6	50
Tete Jaune Cache	..	..	1	..	..	..	1	5	2	4	1	1	15
Clinton	..	..	..	1	2	..	..	.	.	..	2	3	8
Lillooet	..	..	..	..	..	1	2	.	..	..	..	..	3
Quesnel	..	..	4	..	1	1	..	3	2	3	1	3	18
150-Mile House	..	..	..	.	3	..	..	1	..	..	..	..	4
Yale	2	..	2	7	1	1	2	1	1	..	4	1	22
Totals	5	5	12	12	13	11	10	16	10	13	14	14	135
Fairview Group.													
Fairview	..	2	14	5	..	8	10	2	6	4	5	7	63
Greenwood	..	4	3	4	5	6	7	14	4	5	5	3	60
Grand Forks	1	2	7	3	6	5	14	7	1	5	6	4	61
Kamloops	1	14	15	24	11	16	23	20	12	28	21	19	204
Nicola	..	1	2	5	6	4	2	3	7	6	7	6	49
Princeton	..	..	1	4	1	3	4	3	1	2	.	2	21
Vernon	..	20	25	24	25	15	16	36	28	29	41	32	291
Totals	2	43	67	69	54	57	76	85	59	79	85	73	749
Beaton Group.													
Beaton	..	..	1	1	..	..	..	..	..	..	..	..	2
Cranbrook	1	2	8	10	8	5	7	20	14	10	8	11	104
Fernie	7	14	13	14	13	16	14	16	21	16	9	6	159
Golden	..	1	4	5	2	1	1	2	4	6	1	3	30
Kaslo	..	3	4	4	1	1	3	..	..	3	1	..	20
Nakusp	1	..	..	..	1	..	1	1	3	..	..	..	7
Nelson	2	4	8	21	9	15	22	15	9	29	11	17	162
New Denver	..	1	2	1	1	1	3	..	1	2	3	5	20
Revelstoke	1	11	7	9	13	13	11	12	4	6	4	9	100
Rossland	1	3	3	2	4	3	..	4	4	6	7	2	39
Slocan	1	..	4	..	..	1	..	1	..	..	..	..	7
Trail	5	9	15	18	4	6	7	12	11	19	14	14	134
Trout Lake	..	..	..	..	..	..	..	..	..	..	..	..	..
Wilmer	1	..	1	2	2	3	..	5	2	2	..	1	19
Totals	20	48	70	87	58	65	69	88	73	99	58	68	803
Victoria Division.													
Victoria City	16	45	58	62	59	63	102	86	55	59	88	51	744
Cowichan	..	6	4	8	8	7	5	5	8	12	6	3	72
Esquimalt	2	..	8	1	7	3	7	6	9	7	9	2	61
Oak Bay	..	2	3	5	1	5	4	3	1	2	4	3	33
Saanich	3	4	3	10	8	6	12	16	11	7	17	19	116
Totals	21	57	76	86	83	84	130	116	84	87	124	78	1,026
Nanaimo Division.													
Nanaimo City	2	11	26	16	20	18	17	23	20	27	21	19	220
Alert Bay	..	..	..	2	2	..	1	1	..	2	..	1	9
Comox	..	6	9	18	17	11	11	9	5	11	13	15	125
Ladysmith	1	7	5	7	5	5	4	4	3	6	4	5	56
Totals	3	24	40	43	44	34	33	37	28	46	38	40	410
New Westminster Division.													
New Westminster City	6	11	23	28	38	32	24	20	40	43	26	31	322
Burnaby	5	11	9	7	12	13	12	8	15	13	12	8	125
Chilliwack	..	9	3	10	5	8	5	7	8	6	16	19	96
Outside	3	18	18	24	22	32	22	24	20	20	29	22	254
Totals	14	49	53	69	77	85	63	59	83	82	83	80	797
Vancouver Division.													
Vancouver City	44	92	148	146	178	200	185	164	149	294	205	263	2,068
South Vancouver	8	26	36	29	42	38	43	30	30	45	38	25	390
Point Grey	..	1	9	5	9	9	9	10	6	8	8	10	84
North Vancouver City	1	3	13	10	6	12	11	12	5	14	7	12	106
North Vancouver District	..	..	5	2	2	4	3	1	2	4	2	2	27
West Vancouver	..	..	.	..	1	2	1	..	.	2	.	.	6
Richmond	11	8	11	19	10	9	9	11	9	14	13	..	124
Unorganized	1	3	9	8	2	8	7	5	3	.	5	.	51
Totals	65	133	231	219	250	282	268	233	204	381	278	352	3,705

PRELIMINARY TABLES SHOWING BIRTHS FOR DIVISIONS—*Concluded.*

	Jan.	Feb.	Mar.	April.	May	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Alberni Group.													
Alberni	2	..	3	2	4	4	1	1	2	3	1	4	27
Anyox	..	..	..	..	..	..	..	..	..	2	5	..	7
*Atlin	..	..	..	1	..	..	..	..	1	2	2	..	6
Bella Coola	..	..	2	..	..	1	1	3	2	..	3	1	13
Clayoquot	..	..	..	..	..	..	..	..	..	..	..	2	2
Fort Fraser	..	..	..	1	2	..	..	..	..	2	4	..	9
Hazelton	2	2	2	4	4	3	2	3	3	2	5	..	32
*Fort St. John	..	..	..	1	..	..	..	..	..	..	..	..	1
*Hudson Hope	..	..	..	..	..	..	1	1	..	..	..	..	2
Ponce Coupe	..	1	..	..	4	4	2	..	2	..	1	2	16
*Porter's Landing	..	..	..	..	..	1	..	..	..	..	..	..	1
Prince Rupert	2	6	15	14	9	14	7	27	11	14	10	15	144
Quatsino	..	..	1	..	..	..	3	..	..	..	..	..	4
Queen Charlotte	..	..	1	3	..	..	2	1	1	..	5	..	13
Stewart	..	..	..	..	..	..	..	..	..	..	..	..	..
*Telegraph Creek	..	..	..	..	..	1	..	..	..	..	..	..	1
Totals	6	9	24	26	23	28	19	36	22	25	36	24	278
Grand totals	136	368	573	611	602	646	668	670	563	812	716	629	6,994

*No returns received for December.

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS.

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Victoria Division.													
Victoria	44	41	53	31	40	37	28	41	45	27	37	52	476
Cowichan	1	5	2	4	3	3	2	5	1	3	2	2	33
Esquimalt	3	4	3	1	..	2	4	2	..	2	1	4	26
Oak Bay	3	.	2	1	3	..	.	..	1	1	1	3	15
Saanich	2	4	1	2	5	3	6	3	2	3	6	2	39
Totals	53	54	61	39	51	45	40	51	49	36	47	63	589
Nanaimo Division.													
Nanaimo City	9	10	10	15	9	6	9	9	6	5	4	7	99
Alert Bay	..	2	..	..	1	..	4	..	..	3	.	1	11
Comox	5	9	4	8	7	11	7	7	4	7	9	5	83
Ladysmith	2	3	3	..	2	2	2	2	2	3	1	3	25
Totals	16	24	17	23	19	19	22	18	12	18	14	16	218
Vancouver Division.													
Vancouver City	132	89	140	128	111	116	85	65	95	128	107	111	1,307
South Vancouver	15	9	6	6	3	11	7	5	6	4	5	11	88
Point Grey	2	5	2	..	1	2	..	5	..	6	5	1	29
North Vancouver City	8	5	5	4	7	2	6	6	2	6	1	6	58
North Vancouver District	2	2	2	2	..	1	2	..	1	..	..	..	12
West Vancouver	.	..	1	..	..	1	..	1	..	..	..	1	4
Richmond	2	2	4	2	5	..	.	6	2	..	2	5	30
Vancouver (outside)	1	..	3	1	2	3	4	1	..	1	1	4	21
Totals	162	112	163	143	129	136	104	89	106	145	121	139	1,549
New Westminster Division.													
New Westminster City	25	16	19	31	15	20	15	19	15	22	17	29	243
Burnaby	5	2	1	6	4	4	1	4	1	3	2	2	35
Chilliwack	3	4	3	3	5	..	5	2	1	1	5	5	37
New Westminster (outside)	18	8	19	19	11	21	13	11	15	17	13	15	180
Totals	51	30	42	59	35	45	34	36	32	43	37	51	495
Ashcroft Group.													
Ashcroft	1	..	..	..	..	1	2	..	2	..	4	1	11
Barkerville	..	..	.	..	.	..	..	1	..	..	.	1	2
Fort George	1	2	..	1	2	..	3	2	..	1	..	4	16
Tete Jaune Cache	..	..	..	1	..	..	2	3	1	2	1	..	10
Clinton	..	..	..	..	1	..	..	.	..	..	2	..	3
Lillooet	..	..	.	2	..	2	.	..	..	..	1	..	5
Quesnel	..	..	2	..	1	..	1	..	..	..	..	..	4
150-Mile House	1	2	1	..	..	.	..	..	..	..	..	1	5
Yale	..	1	9	1	1	.	..	1	2	2	1	..	18
Totals	3	5	12	5	5	3	8	7	5	5	9	7	74
Fairview Group.													
Fairview	2	5	3	6	1	3	1	3	1	5	..	1	31
Greenwood	1	3	3	8	2	2	4	..	3	3	1	2	32
Grand Forks	2	6	6	1	1	3	1	4	..	4	2	2	32
Kamloops	29	14	12	14	16	13	9	3	10	17	13	5	155
Nicola	..	6	..	1	3	..	..	3	2	2	..	..	17
Princeton	1	1	3	..	.	..	2	..	1	2	.	2	12
Vernon	7	8	8	8	9	2	11	4	5	11	8	4	85
Totals	42	43	35	38	32	23	28	17	22	44	24	16	364
Beaton Group.													
Beaton	..	..	..	..	..	..	..	..	..	..	..	..	.
Cranbrook	..	.	..	7	3	5	2	3	9	6	6	7	48
Fernie	14	3	14	10	28	6	6	11	12	11	10	15	140
Golden	2	..	1	1	1	4	1	..	.	.	..	.	10
Kaslo	7	2	3	3	1	3	..	..	1	1	2	1	24
Nakusp	1	..	..	..	2	1	..	1	1	..	..	2	8
Nelson	10	14	6	13	9	12	5	8	5	10	8	6	106
New Denver	3	..	..	3	..	1	2	2	..	1	.	1	13
Revelstoke	3	9	5	4	..	3	..	2	.	4	7	3	40
Rossland	3	4	3	3	2	3	1	3	..	3	1	5	31
Slocan City	1	..	..	..	1	..	..	.	..	.	1	1	4
Trail	5	..	2	2	4	1	3	2	4	6	4	.	33
Trout Lake	..	..	..	..	..	..	2	..	..	.	..	.	2
Wilmer	1	1	..	..	.	1	1	..	..	.	..		4
Totals	50	33	34	46	51	40	23	32	32	42	39	41	1

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS—*Concluded.*

	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Alberni Group.													
Alberni	3	2	..	..	2	3	1	1	1	2	..	1	16
*Atlin	..	..	1	..	..	..		..	..	..	..	..	1
Bella Coola	1	1	..	..	..	..	4	1	2	1	..	1	11
Clayoquot	..	..	..	1	..	..	..	..	..	..	..	..	1
Fort Fraser	..	1	1	1	2	..	..	1	1	2	..	..	9
Hazelton	4	2	2	2	..	..	2	3	2	3	1	4	25
*Fort St. John	..	..	..	..	..	..	..	..	..	..	..	..	..
*Hudson Hope	..	..	..	..	..	..	..	..	..	..	..	..	..
Pouce Coupe	..	..	..	..	1	1	1	..	..	..	..	..	3
*Porter's Landing	..	..	..	..	..	..	..	..	..	..	..	..	..
Prince Rupert	5	7	5	4	7	6	6	3	8	5	2	5	63
Anyox	..	..	..	..	..	..	..	..	..	..	1	..	1
Quatsino	..	..	..	..	..	..	..	..	2	..	..	..	2
Queen Charlotte	..	..	2	..	..	..	..	..	..	1	..	2	5
Stewart	..	..	1	..	..	..	..	..	..	2	..	..	3
*Telegraph Creek	..	1	..	..	..	1	2	..	..	..	..	..	4
Totals	13	14	12	8	12	11	16	9	16	16	4	13	144
Grand totals	390	315	376	361	334	322	275	259	274	349	295	346	3,896

*No returns received for December.

MARRIAGES, 1917.

Number of Marriages.

Victoria Division—		
Victoria City	382	
Cowichan	16	
Esquimalt	19	
Oak Bay	14	
Saanich	18	
		449
Nanaimo Division—		
Nanaimo	63	
Alert Bay	6	
Comox	28	
Ladysmith	15	
		112
Vancouver Division—		
Vancouver City	1,191	
South Vancouver	97	
Point Grey	58	
North Vancouver City	38	
North Vancouver District	3	
West Vancouver	3	
Richmond	4	
Vancouver (outside)	..	
		1,394
New Westminster Division—		
New Westminster City	164	
Burnaby	34	
Chilliwack	20	
New Westminster (outside)	61	
		279
Ashcroft Group—		
Ashcroft	8	
Barkerville	2	
Fort George	16	
Tete Jaune Cache	1	
Clinton	2	
Lillooet	3	
Quesnel	6	
150-Mile House	3	
Yale	3	
		44
Fairview Group—		
Fairview	26	
Greenwood	15	
Carried forward	41	2,278

Brought forward	41	2,278
Fairview Group—*Concluded.*		
Grand Forks	16	
Kamloops	66	
Nicola	15	
Princeton	6	
Vernon	74	
		218
Alberni Group—		
Alberni	8	
Atlin	5	
Bella Coola	3	
Clayoquot	..	
Fort Fraser	7	
Hazelton	12	
Fort St. John	..	
Hudson Hope	..	
Pouce Coupe	4	
Porter's Landing	..	
Prince Rupert	61	
Anyox	1	
Quatsino	1	
Queen Charlotte	4	
Stewart	..	
Telegraph Creek	1	
		107
Beaton Group—		
Beaton	..	
Cranbrook	32	
Fernie	40	
Golden	10	
Kaslo	6	
Nakusp	5	
Nelson	83	
New Denver	7	
Revelstoke	30	
Rossland	17	
Slocan City	3	
Trail	23	
Trout Lake	..	
Wilmer	2	
		258
Total		2,861

Bridegroom and Bride born in same Country.

Austria	9
Canada	562
China	4
Denmark	1
England	238
Finland	12
France	2
Galicia	3
Germany	5
Greece	2
Holland	1
Hungary	1
Ireland	15
Italy	24
Japan	11
Carried forward	890

Brought forward	890
Newfoundland	1
New Zealand	2
Norway	8
Poland	2
Roumania	1
Russia	6
Scotland	89
Servia	1
Sweden	25
United States of America	296
Wales	1
Not given	2
Total	1,324

MARRIAGES, 1917—*Continued.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES.

Place of Birth.		Number of Marriages.
Groom.	Bride.	
England	Argentina	1
"	Australia	6
"	Bohemia	1
"	Canada	173
"	Channel Islands	1
"	China	1
"	Denmark	2
"	Egypt	1
"	France	1
"	Germany	3
"	Ireland	22
"	Mexico	1
"	Newfoundland	3
"	Norway	1
"	Poland	1
"	Portugal	1
"	Russia	3
"	Scotland	66
"	South Africa	1
"	Sweden	4
"	Switzerland	1
"	Tasmania	1
"	United States of America	52
"	Wales	7
"	Not given	2
Total		356
Australia	Canada	9
"	England	5
"	United States of America	5
British West Indies	Canada	4
"	England	1
"	Scotland	2
Barbadoes	Canada	1
Ceylon	"	1
Channel Islands	"	2
East Indies	United States of America	1
Total		31
Scotland	Alaska	1
"	Australia	1
"	Canada	65
"	Channel Islands	1
"	England	53
"	Ireland	8
"	New Zealand	2
"	South Africa	1
"	Switzerland	1
"	United States of America	16
"	Wales	2
Total		151
Ireland	Canada	29
"	England	18
"	Isle of Man	1
"	Scotland	6
"	South Australia	1
"	United States of America	6
Total		61
Wales	Canada	9
"	England	6
"	Ireland	1
"	Norway	1
"	Scotland	2
"	United States of America	3
Total		22

Place of Birth.		Number of Marriages.
Groom.	Bride.	
Gibraltar	England	1
Isle of Man	Canada	1
India	"	1
"	United States of America	2
Total		5
Canada	Australia	2
"	Austria	2
"	Belgium	1
"	Channel Islands	1
"	China	1
"	Denmark	2
"	England	126
"	Finland	2
"	France	6
"	Germany	1
"	Iceland	2
"	Ireland	16
"	Italy	1
"	Newfoundland	2
"	New Zealand	1
"	Norway	1
"	Russia	2
"	Scotland	76
"	South Africa	1
"	Sweden	5
"	Syria	1
"	United States of America	152
"	Wales	8
"	Not given	1
Total		413
Russia	Austria	1
"	Canada	2
"	Denmark	1
"	United States of America	3
"	Wales	1
Total		8
United States of America	Australia	3
"	Canada	198
"	England	68
"	Finland	1
"	France	4
"	Germany	2
"	Iceland	6
"	Ireland	3
"	Italy	1
"	Japan	1
"	Norway	3
"	Poland	1
"	Russia	3
"	Scotland	19
"	Servia	1
"	South Africa	1
"	Sweden	6
Total		321
Sweden	Canada	11
"	Denmark	1
"	England	4
"	Finland	1
"	Holland	1
"	Iceland	1
"	Ireland	1
"	Norway	1
"	Russian Poland	1
"	Scotland	2
"	United States of America	15
Total		39

MARRIAGES, 1917—*Concluded.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES—*Concluded.*

Place of Birth.		Number of Marriages.
Groom.	Bride.	
Newfoundland	Canada	3
"	United States of America	2
"	Wales	1
Total		6
New Zealand	Canada	4
"	England	2
"	United States of America	2
Total		8
South Africa	Canada	2
"	England	1
"	New Zealand	1
"	United States of America	1
Total		5
Straits Settlements	England	1
Austria	Canada	2
"	England	1
"	France	1
"	Hungary	1
"	United States of America	3
Total		8
China	Canada	6
"	United States of America	1
Total		7
Denmark	Canada	4
"	England	1
"	Germany	1
"	Ireland	1
Total		7
France	Canada	5
"	England	2
"	Mauritius	1
"	Switzerland	1
"	United States of America	2
Total		11
Germany	Canada	2
"	England	1
"	Switzerland	1
"	United States of America	2
"	Wales	1
Total		7
Hungary	Canada	1
Italy	Argentine	1
"	Austria	1
"	Canada	14
"	England	5
"	Mexico	1
"	Russia	1
"	Scotland	1
"	United States of America	5
Total		29
Norway	Canada	14
"	England	9
"	Germany	1
"	Iceland	1
"	Ireland	1
"	Scotland	1
"	Sweden	5
"	United States of America	8
Total		40

NOTE.—Grand total, 2,861.

CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—VICTORIA CITY.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
1	Typhoid fever								
8	Whooping-cough			1					
9	Diphtheria and croup					2			1
10	Influenza				1				
14	Dysentry		2	1					
18	Erysipelas								
20	Purulent infection and septicæmia								
28	Tuberculosis of the lungs			1		1	1		
28A	Tubercular laryngitis								
29	Acute miliary tuberculosis								
30	Tubercular meningitis			1					1
30A	Tubercular peritonitis								
34	Tuberculosis of other organs								
34A	Tuberculosis of mesenteric glands								
37	Syphilis								
39A	Cancer of retroperitoneal glands								
39B	Cancer of maxilla and throat								
39C	Cancer of omentum								
39D	Cancer of orbit								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
42	Cancer and other malignant tumours of the female genital organs								
43	Cancer and other malignant tumours of the breast								
44A	Cancer of eye and head								
44B	Cancer of pancreas								
45	Cancer and other malignant tumours of other organs, and of organs not specified								
45A	Cancer of bladder								
45B	Abscess of liver								
46	Other tumours (tumours of the female genital organs excepted)						1		
47	Acute articular rheumatism								
48	Chronic rheumatism and gout								
50	Diabetes							1	
50A	Diabetes mellitus								
51	Exophthalmic goitre								
52	Addison's disease								
54A	Anæmia pernicious								
55A	Purpura hæmorrhagica		1						
56	Alcoholism, acute								
	II.—DISEASES OF THE NERVOUS SYSTEM.								
61	Meningitis	1							1
61A	Acute cerebro-spinal meningitis								1
61B	Influenzal meningitis								1
63	Other diseases of the spinal cord								
64	Cerebral hæmorrhage, apoplexy	1							
66	Paralysis without specified cause	1							
68	Other forms of mental alienation								
69	Epilepsy								
71	Convulsions of infants	3				1			
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77	Pericarditis		1						
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								1
79	Organic diseases of the heart							1	
79A	Chronic valvular disease								
79B	Fatty degeneration of heart								
79C	Mitral regurgitation								
79D	Cardiac asthma								
80	Angina pectoris								
81	Diseases of the arteries								
82	Embolism and thrombosis								

DEATH, 1917.

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—VICTORIA CITY.—*Continued.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	2	....	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....	....	....
91	Bronchopneumonia	5	....	1	....	....	....	....	....
92	Pneumonia	2	2	....	....	....	....	....	....
92A	Lobar pneumonia	....	1	....	....	....	....	....	....
92B	Pneumonia following operation	....	....	....	....	....	....	....	....
92C	Pneumonia following measles	2	....	....	....	....	....	1	....
92D	Pneumonia following whooping-cough	1	1	....	....	....	....	....	....
92E	Pneumonia hypostatic	....	....	....	....	....	....	....	....
92F	Pneumonia terminal	....	....	....	....	....	....	....	....
92G	Pneumonia following pertussis	....	1	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	..	....	....	....	....
96	Asthma	....	....	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....	....	....
103A	Ulcer of pharynx	....	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	2	....	1	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	2	1	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....	1	....
109	Hernias	....	....	....	....	....	....	....	....
109A	Intestinal obstructions	1	....	....	....	....	....	....	....
111	Acute yellow atrophy of the liver	....	....	....	....	....	....	....	....
116	Diseases of the spleen	....	....	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....	....	....
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	....	....	....	....	....	....	....	....
118A	Cholemia	....	....	....	....	....	....	....	....
118B	Pancreatitis	....	....	....	....	....	....	....	....
118C	Ileocolitis	....	1	1	....	....	1	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	1	....	....
120	Bright's disease	....	....	....	....	....	....	....	....
120A	Uremia	....	....	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....	....	....
129	Uterine tumour (non-cancerous)	....	....	....	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
135	Puerperal hæmorrhage	....	....	....	....	....	....	....	....
137A	Induced abortion	....	....	....	....	....	....	....	....
137B	Eclampsia	....	....	....	....	....	....	....	....
138	Puerperal albuminuria and convulsions	....	....	....	....	....	....	....	....
141A	Peritonitis following childbirth	....	....	....	....	....	....	....	....
141B	Pelvic cellulitis following cellulitis	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene	....	....	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.								
146	Diseases of the bones (tuberculosis excepted)	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	8	4	....	....	....	....	1	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	5	4	....	....	....	....	....	....
151A	Accident of labour	1	....	....	....	....	....	....	....
152	Other diseases peculiar to early infancy	1	1	....	....	....	....	....	....
153A	Still-born	12	8	....	....	....	....	....	....
153B	Premature	7	4	....	....	....	....	....	....
153C	Toxemia from jaundice neonatorum	1	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—VICTORIA CITY.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XII.—Old Age.								
154	Senility								
	XIII.—Affections produced by External Causes.								
155	Suicide by poison								
157	Suicide by hanging or strangulation								
159	Suicide by firearms								
167	Burns (conflagration excepted)					1			
169	Accidental drowning								
169A	Traumatism in logging camp and sawmill								
172	Traumatism by fall								
173	Traumatism in mines and quarries								
174	Traumatism by machines							1	
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
175A	Traumatism in shipyard								
185	Fractures (causes not specified)								
186	Other external violence		1						
	XIV.—Ill-defined Diseases.								
187	Ill-defined organic disease								
187A	Dropsy								
189	Cause of death not specified or ill-defined								
		53	36	6	2	7	5	1	6
	VICTORIA DIVISION—COWICHAN.								
	I.—General Diseases.								
20	Purulent infection and septicæmia								
28	Tuberculosis of the lungs								
32A	Tuberculosis of spine								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
42	Cancer and other malignant tumours of the female genital organs								
45A	Cancer of prostate								
45B	Cancer of bronchial glands								
51	Exophthalmic goitre								
	II.—Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral hæmorrhage, apoplexy								
	III.—Diseases of the Circulatory System.								
77A	Myocarditis								
79A	Mitral regurgitation								
79B	Mitral regurgitation complicated by nephritis								
81A	Aneurism								
	IV.—Diseases of the Respiratory System.								
92	Pneumonia			1					
93	Pleurisy								
	V.—Diseases of the Digestive System.								
113	Cirrhosis of the liver								
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
120A	Uræmia								
	XI.—Diseases of Early Infancy.								
151	Congenital debility, icterus, and sclerema	1							
152A	Atelectasis	1							
153A	Premature	1							
	XII.—Old Age.								
154	Senility								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—COWICHAN.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....	....	....
		3	....	1	....	....	....	....	....
	VICTORIA DIVISION—ESQUIMALT.								
	I.—GENERAL DISEASES.								
14	Dysentry	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....	....	....
81A	Arterio sclerosis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
90	Chronic bronchitis	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	1	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
145	Other diseases of the skin and annexa	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	....	....
		1	....	....	....	....	1	....	....
	VICTORIA DIVISION—OAK BAY.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
44A	Cancer of the jaw	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78	Acute endocarditis	....	....	....	....	....	....	....	....
81A	Aneurism	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—OAK BAY.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
96	Asthma	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	1	...	....	....	...	....	...
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
		2	1	....	....	....	....	....	....
	VICTORIA DIVISION—SAANICH.								
	I.—GENERAL DISEASES.								
8	Whooping-cough	....	1	....	....	....	....	....	....
24	Tetanus, neonatorum	....	1	....	....	....	....	....	....
39A	Cancer of neck	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
79B	Mitral regurgitation	....	....	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....	....	....
84A	Hodgkin's disease	....	....	....	....	....	....	....	....
85	Hæmorrhage	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
90	Chronic bronchitis	....	....	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
92A	Lobar pneumonia	....	....	....	....	...	....	1	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	....	....	....	....	....	1	....	....
113	Cirrhosis of the liver	1	....	....	....	....	....	....	....
115	Other diseases of the liver	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uræmia	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	1	....	....	...	..	....	....
151B	Non-assimilation of food	1	1	....	....	....	....	....	....
153A	Premature	1	1	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—SAANICH—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		4	5	...	....	....	1	1	....
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	....	....	....	....
9	Diphtheria and croup	....	....	....	....	....	....	1	....
20	Purulent infection and septicæmia	....	....	....	....	2	....	....	....
20A	Streptococcic septicæmia	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	1	....
30	Tubercular meningitis	....	....	....	1	....	....	1	....
30A	Tubercular peritonitis	....	....	....	....	....	....	....	....
34A	Cerebral tuberculosis	....	....	....	....	....	....	....	....
37	Syphilis	....	....	....	....	....	....	....	....
39A	Cancer of tongue	....	....	....	....	....	....	....	....
39B	Cancer of Æsophagus	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....	....	....
44	Cancer and other malignant tumours of the skin	....	....	....	....	....	....	....	....
44A	Cancer of face	....	....	....	....	....	....	....	....
50A	Diabetic furunculosis	....	....	....	....	....	....	....	....
54A	Anæmia pernicious	....	....	....	....	....	....	....	....
55A	Purpura hæmorrhagica	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
63A	Acute anterior poliomyelitis	....	....	....	....	....	1	....	....
63B	Acute transverse myelitis	....	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	1	1	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....	....	....
68A	Cretinism	....	....	....	....	....	....	1	....
69	Epilepsy	....	....	....	1	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
79B	Fatty degeneration of heart	....	....	....	....	....	....	....	....
79C	Mitral regurgitation	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
81A	Arteriosclerosis	....	....	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	1	....	....	....	....	....	....	....
91	Bronchopneumonia	1	....	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	1	....	....	....
92A	Suffocation (insufflation)	....	....	....	....	....	....	....	....
92B	Hypostatic pneumonia	....	....	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....	....	....
96	Asthma	....	....	....	....	....	....	....	....
97A	Pulmonary embolism	....	....	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Certification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach								
103	Other diseases of the stomach (cancer excepted)		1						
103A	Hemorrhage of bowels	1							
105	Diarrhœa and enteritis (2 years and over)								
108	Appendicitis and typhlitis								
108A	Appendicitis (gangrenous)								1
109	Hernias, intestinal obstructions								
110A	Ileocolitis	1	1						
110B	Intussusception					1			
110C	Abscess of the liver								
113	Cirrhosis of the liver								
117	Simple peritonitis (non-puerperal)								
118	Other diseases of the digestive system (cancer and tuberculosis excepted)			1					
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis								
120	Bright's disease								
120A	Uremia								
122	Other diseases of the kidneys and annexa			1					
126	Diseases of the prostate								
131A	Pyonephrosis								
132	Salpingitis and other diseases of the female genital organs								
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia								
137A	Induced abortion								
140	Following childbirth (not otherwise defined)								
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene								
145	Other diseases of the skin and annexa	1							
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.								
149A	Toxic Absorption (osteomyelitis)								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)		1						
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1							
151B	Non-assimilation of food	4	2						
153A	Still-born	7	11						
153B	Premature	4	3						
153C	Hæmophilia neonatorum	1							
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation								
159	Suicide by firearms								
165	Other acute poisonings					1			
169	Accidental drowning						1		
169A	Traumatism in logging camp and sawmill								
170	Traumatism by firearms								
174	Traumatism by machines								
185	Fractures (causes not specified)								
186	Other external violence								
		24	20	2	2	5	2	4	1

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—BURNABY.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
5	Smallpox	....	....	....	....	....	....	....	....
27	Beriberi	....	....	....	....	....	....	....	....
32A	Tuberculosis of spine	....	....	....	....	....	....	....	....
39A	Cancer of jaw	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
71	Convulsions of infants	1	....	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
79B	Mitral regurgitation	....	....	....	....	....	....	....	....
79C	Failure of compensation	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	....	....	1	....	....	....	....	....
92A	Lobar pneumonia	....	1	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	1	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	2	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1	....	....	....	....	....	....	....
153A	Still-born	1	....	....	....	....	....	....	....
153B	Premature	2	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	1	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
		9	1	2	....	....	....	1	....
	NEW WESTMINSTER DIVISION—CHILLIWACK.								
	I.—GENERAL DISEASES.								
17	Leprosy	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....	....	....
71	Convulsions of infants	....	....	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	1	1	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—CHILLIWACK.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	....	1	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
97A	Empyema	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103A	Other diseases of the stomach (hæmorrhage)	....	1	....	....	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	1	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....
153A	Premature	1	1	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....	....	....
		5	5	1	....	....	....	....	....
	NEW WESTMINSTER DIVISION—OUTSIDE.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	1	....	....	....	....	....
10	Influenza	....	....	....	....	....	....	....	....
20	Purulent infection and septicæmia	1	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	1	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
45A	Cancer of prostate	....	....	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....	....	....
69	Epilepsy	....	....	1	....	....	....	....	....
71	Convulsions of infants	1	1	....	....	....	....	....	....
71A	Convulsions following measles	1	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	1	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	1	....	....	....	....	....	....	....
79A	Cardiac paralysis	....	....	....	....	....	....	....	....
79B	Chronic valvular disease	....	....	....	....	....	....	....	....
79C	Dilatation of heart	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
81A	Arteriosclerosis	....	....	....	....	....	....	....	....
85A	Rupture of femoral vein	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—OUTSIDE.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	....	1	....	....	....	....	....
91	Bronchopneumonia	....	3	1	....	....	....	....	....
92	Pneumonia	1	1	....	....	....	....	....	....
92A	Lobar pneumonia	....	....	....	....	....	....	....	....
92B	Bronchopneumonia following whooping-cough	....	1	....	....	....	....	....	....
92C	Hypostatic pneumonia	....	....	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....	....	1
97A	Pulmonary embolism	....	....	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....	....	....
98B	Suppurative tonsilitis	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)	1	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	....	....	1	1	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....	....	....
106	Ankylostomiasis	....	....	....	....	....	....	....	....
108	Appendicitis and typhlitis	1	....	....	....	....	....	....	....
109	Hernias, intestinal obstructions	....	....	....	....	....	....	....	....
110A	Enterocolitis	....	1	....	....	1	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....	....	....
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	....	1	....
120	Bright's disease	....	....	....	....	....	....	....	....
120A	Uremia	....	....	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia	....	....	....	....	....	....	....	....
139	Puerperal phlegmasia alba dolens, embolus, sudden death	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	3	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	1	....	....	....	....	....	....
151A	Accident of labour	....	1	....	....	....	....	....	....
152A	Atelectasis	1	....	....	....	....	....	....	....
153A	Still-born	3	3	....	....	....	....	....	....
153B	Premature	1	4	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms	....	....	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	1	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....	....	....
186	Other external violence	1	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy	....	....	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		17	16	6	1	2	2	1	1

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NANAIMO DIVISION—NANAIMO CITY.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.								
1	Typhoid fever	....	....	....	....	....	....	....	....
8	Whooping-cough	....	1	....	....	....	1	....	....
9	Diphtheria and croup	....	....	....	....	....	1	1	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
39A	Cancer of the hand	....	....	....	....	....	....	....	....
39B	Cancer of the lip	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
47	Acute articular rheumatism	....	....	....	....	....	1	....	....
50	Diabetes	....	....	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....	....	....
54A	Anæmia pernicious	....	....	....	....	....	....	....	....
	II.—Diseases of Nervous System and Organs of Special Sense.								
61	Meningitis	....	....	....	....	....	1	....	....
61A	Abscess of brain	....	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
71	Convulsions of infants	1	1	....	....	....	....	....	....
	III.—Diseases of the Circulatory System.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
81A	Atheroma	....	....	....	....	....	....	....	....
81B	Ludwig's angina	....	....	....	....	....	....	....	....
	IV. Diseases of the Respiratory System.								
87	Diseases of the larynx	....	....	....	....	....	....	....	....
89	Acute bronchitis	....	1	....	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....	....	....
91	Bronchopneumonia	1	....	....	....	....	....	....	....
92	Pneumonia	1	1	....	....	....	2	....	....
92A	Lobar pneumonia	....	....	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....	....	....
	V.—Diseases of the Digestive System.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....	....	....
114	Biliary calculi	....	....	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....	....	....
	VI. Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis	....	....	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....	....	....
	VII.—The Puerperal State.								
137	Puerperal septicæmia	....	....	....	....	....	....	....	....
141A	Ectopic pregnancy	....	....	....	....	....	....	....	....
	XI.—Diseases of Early Infancy.								
151	Congenital debility, icterus, and sclerema	2	1	....	....	....	....	....	....
152A	Atelectasis	1	....	....	....	....	....	....	....
153A	Premature	3	1	....	....	....	....	....	....
	XII.—Old Age.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
159	Suicide by firearms	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
182A	Opium poisoning	....	....	....	....	....	....	....	....
186	Other external violence	....	1	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NANAIMO DIVISION—NANAIMO CITY.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		10	7	....	....	....	6	1	....
	NANAIMO DIVISION—ALERT BAY.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	1	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
79A	Cardiac paralysis	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	1	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
158	Suicide by drowning	....	....	....	....	....	....	....	....
164	Poisoning by food	....	....	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	1	....	....	....	....	....	....	....
		2	2	....	....	....	....	....	....
	NANAIMO DIVISION—COMOX.								
	I.—GENERAL DISEASES.								
8	Whooping-cough	1	1	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	1	....	....	1
34	Tuberculosis of other organs	....	....	....	....	....	....	....	....
37A	Syphilis, congenital	1	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
45A	Cancer of bladder	....	....	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	....	....	....	....
65	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....	....	....
71	Convulsions of infants	....	....	1	....	....	....	....	....
73	Neuralgia and neuritis	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79A	Cardiac paralysis	....	....	....	....	....	....	....	....
79B	Mitral regurgitation	....	....	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	....	....	....	1	....	....	....
91	Bronchopneumonia	....	....	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under one year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NANAIMO DIVISION—COMOX.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	V.—Diseases of the Digestive System.								
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....	....	....
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis	....	....	....	....	....	....	....	....
120A	Uremia	....	....	....	....	....	....	....	....
	VII.—The Puerperal State.								
137A	Uremia of pregnancy	....	....	....	....	....	....	....	....
	VIII.—Diseases of the Skin and of the Cellular Tissue.								
142	Gangrene	....	....	....	....	....	....	....	....
	XI.—Diseases of Early Infancy.								
153A	Premature	....	1	....	....	....	....	....	....
	XII.—Old Age.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
160	Suicide by cutting or piercing instruments	....	....	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....	....	....
168	Absorption of deleterious gases (conflagration excepted)	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
181	Electricity (lightning excepted)	....	....	....	....	....	....	....	....
182	Homicide by firearms	....	....	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
	XIV.—Ill-defined Diseases.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		2	2	1	....	2	....	....	1
	NANAIMO DIVISION—LADYSMITH.								
	I.—General Diseases.								
9	Diphtheria and croup	....	....	....	....	....	1	....	....
28	Tuberculosis of the lungs	....	....	....	....	1	....	....	....
	II.—Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
70	Convulsions (non-puerperal)	....	....	1	....	....	....	....	....
	III.—Diseases of the Circulatory System.								
77A	Myocarditis	....	....	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.								
89	Acute bronchitis	....	....	....	....	....	....	....	....
91	Bronchopneumonia	1	2	....	....	....	1	....	....
92	Pneumonia	....	2	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....	....	....
	V.—Diseases of the Digestive System.								
108	Appendicitis and typhlitis	....	....	....	....	....	....	....	....
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis	....	....	....	1	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NANAIMO DIVISION—LADYSMITH.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
145A	Gangrene (diabetic)	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Premature	....	1	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
186A	Swallowing lye	....	....	....	....	1	....	....	....
		1	6	1	1	2	2	....	....
	BEATON GROUP—CRANBROOK.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
30	Tubercular meningitis	....	1	....	....	....	1	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....	....	....
52	Addison's disease	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
62	Locomotor ataxia	....	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
68A	Paralysis from bite of wood tick	....	....	....	....	....	....	....	1
70	Convulsions (non-puerperal)	....	....	....	....	1	....	....	....
71	Convulsions of infants	....	1	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	....	....	....	2	....	....	....	....
92	Pneumonia	1	1	....	....	....	....	....	....
96	Asthma	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	2	1	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....	....	....
109	Hernias, intestinal obstructions	....	....	....	....	....	....	....	....
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	....	....	....	....	....	1	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	2	1	....	....	....	....	....	....
153B	Premature	1	3	....	....	....	....	....	....
153C	Injury by forceps at birth	1	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—CRANBROOK.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
109	Accidental drowning	....	....	....	....	....	....	....	....
173A	Traumatism by railway construction	....	....	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....	....	....
		8	8	....	2	1	2	....	1
	BEATON GROUP—FERNIE.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	1	....	....	....
6	Measles	....	1	....	....	....	....	....	....
8	Whooping-cough	3	1	1	1	....	....	....	....
20	Purulent infection and septicæmia	1	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
54A	Anæmia pernicious	....	1	....	....	....	....	....	....
56A	Alcoholism, chronic	....	....	....	....	....	....	....	....
56B	Alcoholic poisoning	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	1	1	....	....	....	....	....	....
70	Convulsions (non-puerperal)	....	....	....	....	....	....	....	....
71	Convulsions of infants	2	2	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
78B	Cardiac dropsy	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	1	....	....	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....	....	....
91	Bronchopneumonia	1	1	....	1	....	....	....	....
92	Pneumonia	....	....	1	1	....	....	....	1
92A	Bronchopneumonia following measles	....	....	1	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	4	4	....	....	1	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....	....	....
110A	Enterocolitis	1	....	....	....	....	....	....	....
110B	Ileocolitis	1	1	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uræmia	....	....	....	....	....	....	....	....
131	Cysts and other tumours of the ovary	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	2	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—FERNIE.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1							
151B	Non-assimilation of food		1						
153A	Still-born	3	5						
153B	Premature	3							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms								
167	Burns (conflagration excepted)						1		
169	Accidental drowning				1				
171A	Traumatism by falling tree								
173	Traumatism in mines and quarries								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
182A	Traumatism (coasting)								
186	Other external violence								
		24	18	3	4	2	1		1
	BEATON GROUP—GOLDEN.								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92A	Lobar pneumonia								
97A	Pulmonary embolism								
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning								
169A	Traumatism in logging camp and sawmill								
170	Traumatism by firearms								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
186	Other external violence								
		1							
	BEATON GROUP—KASLO.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
50	Diabetes								
56A	Alcoholism, chronic								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79A	Mitral regurgitation								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia								
92A	Lobar pneumonia								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
108	Appendicitis and typhlitis								
117	Simple peritonitis (non-puerperal)								
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—KASLO.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	...	1	...	...	...	...	...	...
153A	Still-born	1	...	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	...	...	...	...	...	...	1	...
175B	Traumatism by snowslide	...	...	...	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...	...	...
		1	1	...	...	...	...	1	...
	BEATON GROUP—NAKUSP.								
	I.—GENERAL DISEASES.								
34A	Tuberculosis of glands	...	...	...	...	...	...	...	...
44A	Cancer of brain	...	...	...	...	...	...	...	...
50A	Congenital goitre	...	1	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79A	Chronic valvular disease	...	...	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
117	Simple peritonitis (non-puerperal)	...	...	...	...	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	...	...	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1	...	...	...	...	...	...	...
		1	1	...	...	...	...	...	...
	BEATON GROUP—NELSON.								
	I.—GENERAL DISEASES.								
7	Scarlet fever followed by nephritis	...	...	...	...	...	...	...	...
8	Whooping-cough	...	2	...	...	...	...	...	...
24A	Typhoid fever followed by general peritonitis	...	...	...	...	...	...	...	...
24B	Measles followed by bronchopneumonia	...	...	...	...	1	...	...	...
28	Tuberculosis of the lungs	...	...	1	...	...	...	...	...
30	Tuberculous meningitis	1	...	...	...	1	...	...	...
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...	...	...
46	Other tumours (tumours of the female genital organs excepted)	...	...	...	...	...	...	...	...
50	Diabetes	...	...	...	...	...	...	...	...
52	Addison's disease	...	...	...	...	...	...	...	...
54A	Anæmia pernicious	...	...	...	...	...	...	...	...
56A	Alcoholism, chronic	...	...	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61A	Cerebrospinal meningitis	...	...	...	...	1	...	...	...
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...	...	...
69	Epilepsy	...	...	...	...	...	...	...	...
71	Convulsions of infants	...	1	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	...	...	...	...	...	...	...	...
78A	Endocarditis following rheumatism	...	...	...	...	...	...	...	...
79	Organic diseases of the heart	...	...	...	...	...	...	...	...
79A	Chronic valvular disease	...	1	...	...	...	...	...	...
79B	Mitral regurgitation complicated by nephritis	...	...	...	...	...	...	...	...
82	Embolism and thrombosis	...	...	...	...	...	...	...	...

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—NELSON.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	2	....	....	....	....	....	....	....
91	Bronchopneumonia	....	....	....	....	....	....	....	1
92	Pneumonia	....	....	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....	....	....
97A	Asthma (bronchial)	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	....	1	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	1	....	1
110A	Gangrenous appendicitis followed by general peritonitis	....	....	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....	....	1
	VII.—THE PUERPERAL STATE.								
137A	Induced abortion	1	....	....	....	....	....	....	....
140	Following childbirth (not otherwise defined)	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	1	....	..	....	....	....	....
153A	Still-born	3	1	....	....	....	....	....	....
153B	Premature	....	1	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
160	Suicide by cutting or piercing instruments	....	....	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	1	1	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy	....	....	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
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	BEATON GROUP—NEW DENVER.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61A	Cerebral meningitis	....	....	....	....	....	1	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

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	V.—DISEALBS OF THE DEGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	1							
	THE PUERPERAL STATE.								
137A	Uremia of pregnancy								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning								
173	Traumatism in mines and quarries								
		1					1		
	BEATON GROUP—REVELSTOKE.								
	I.—GENERAL DISEASES.								
1	Typhoid fever								
20	Purulent infection and septicæmia								
28	Tuberculosis of the lungs								
45	Cancer and other malignant tumours of other organs, and of organs not specified								
50	Diabetes								
54A	Anæmia, pernicious								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61A	Meningitis induced by external violence								
66	Paralysis without specified cause								
71	Convulsions of infants		2						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
78	Acute endocarditis								
79	Organic diseases of the heart	1							
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	1							
92A	Pneumonia following whooping-cough						1		
92B	Hypostatic pneumonia								
94	Pulmonary congestion, pulmonary apoplexy								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	1							
105	Diarrhœa and enteritis (2 years and over)							1	
110A	Intussusception	1							
110B	Gastroenteritis followed by miningitis					1			
118A	Jaundice	1							
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease								
120A	Uremia								
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia								
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1							
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	2							
153A	Premature	2	1						
153B	Infection of cord	1							

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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		1		3		2	1	1		3										11	2		13
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—REVELSTOKE—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—Affections produced by External Causes.								
169	Accidental drowning	....	....	....	....	....	1	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
186A	Explosion at powder-house	....	....	....	....	....	....	....	....
		11	3	....	....	1	2	1	.
	BEATON GROUP—ROSSLAND.								
	I.—General Diseases.								
20	Purulent infection and septicæmia	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
30	Tuberculous meningitis	....	....	....	....	....	....	....	....
	II.—Diseases of Nervous System and Organs of Special Sense.								
61A	Cerebral tumor	....	....	....	....	....	....	....	....
62	Locomotor ataxia	....	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—Diseases of the Circulatory System.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79A	Mitral regurgitation	....	....	....	....	....	....	....	....
78B	Dilatation of heart	....	....	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.								
92	Pneumonia	....	....	....	....	....	....	....	....
92A	Capillary bronchitis	1	....	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....	....	....
	V.—Diseases of the Digestive System.								
110A	Enterocolitis	....	....	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....	....	....
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....	....	....
	X.—Malformations.								
150	Congenital malformation (still-births not included)	1	....	....	....	....	....	....	....
	XI.—Diseases of Early Infancy.								
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....	....	....
153A	Still-born	1	....	....	....	....	....	....	....
	XII.—Old Age.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
169	Accidental drowning	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
	XIV.—Ill-defined Diseases.								
187	Ill-defined organic disease	....	....	....	....	....	....	....	....
		3	1	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—SLOCAN CITY.	M.	F.	M.	F.	M.	F.	M.	F.
	II.—Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral haemorrhage, apoplexy	....	....	....	..	....	....	....	....
	IV.—Diseases of the Respiratory System.								
91	Bronchopneumonia	....	....	....	....	....	1	....	....
	IV.—Non-venereal Diseases of Genito-urinary System and Annexa.								
120A	Uremia	....	....	....	....	....	....	....	...
	XI.—Diseases of Early Infancy.								
153A	Premature	1	....	....	....	....	....	....	....
		1	....	....	....	....	1	....	....
	BEATON GROUP—TRAIL.								
	I.—General Diseases.								
8	Whooping-cough followed by nephritis and convulsions	....	....	....	..	1	....	....	....
20	Purulent infection and septicemia	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
	II.—Diseases of Nervous System and Organs of Special Sense.								
71	Convulsions of infants	1	....	....	....	....	....	....	....
	III.—Diseases of the Circulatory System.								
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
80	Angina pectoris	....	....	....	.	....	....	....	....
	IV.—Diseases of the Respiratory System.								
89	Acute bronchitis	....	2	....	....	....	....	....	....
92	Pneumonia	1	....	....	....	....	....	....	..
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....	....	....
	V.—Diseases of the Digestive System.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....	....	....
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
120A	Uremia	....	....	....	....	....	....	....	....
	VII.—The Puerperal State.								
141A	Puerperal embolism	....	....	....	....	....	....	....	...
	XI.—Diseases of Early Infancy.								
151B	Non-assimilation of food	1	....	....	....	....	....	....	....
153A	Still-born	1	1	....	....	....	....	....	....
153B	Premature	....	1	....	....	....	....	..	....
153C	Difficult parturition	....	1	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
169	Accidental drowning	....	....	....	....	1	....	....	....
169A	Traumatism in logging camp and saw-mill	....	....	....	....	....	....	....	..
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
181	Electricity (lightning excepted)	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
	XIV.—Ill-defined Diseases.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	1	....
		5	5	....	....	2	....	1	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—TROUT LAKE.	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
163	Other suicides								
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined								
	BEATON GROUP—WILMER.								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart								
79A	Failure of compensation								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
96	Asthma								
	ALBERNI GROUP—ALBERNI.								
	I.—GENERAL DISEASES.								
9	Diphtheria and croup								
39A	Cancer of the bladder								
50	Diabetes								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart								
79A	Fatty degeneration of heart								
81	Diseases of the arteries								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia			1					
92	Pneumonia								
97A	Pulmonary hæmorrhage								
98A	Œdema of lungs	1							
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia								
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1							
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined		1						
		2	1	1					
	ALBERNI GROUP—ATLIN.								
	I.—GENERAL DISEASES.								
36	Alcoholism, acute								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ALBERNI GROUP—BELLA COOLA.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	..	....	....	....	....	....
	III. DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
109	Hernias, intestinal obstructions	....	....	....	...	....	....	....	....
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	...	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	...	....	....	....	1	....
169A	Traumatism in logging camp and sawmill	...	....	....	...	....	....	....	...
175A	Traumatism not specified	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	1	....
	ALBERNI GROUP—CLAYOQUOT.								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
		....	....	...	....	...	...	....	....
	ALBERNI GROUP—FORT FRASER.								
	I.—GENERAL DISEASES.								
14	Dysentery	....	1	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	...	....	....	....	...	....	....
54A	Anæmia, pernicious	....	....	....	...	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77	Pericarditis	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	....	....	...	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
163	Other suicides	....	....	....	....	...	....	....	....
170	Traumatism by firearms	....	....	....	1	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....	....	....
		1	1	....	1	....	....	....	....
	ALBERNI GROUP—HAZELTON.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	....	..	1	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	..	....	....	....
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
63A	Œdema of brain	1	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ALBERNI GROUP.—HAZELTON.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	III. DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
79	Organic diseases of the heart								
79A	Cerebral paralysis								
79B	Chronic valvular disease								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
90	Pleurisy								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uræmia								
126	Diseases of the prostate								
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	1						
	XI.—DISEASES OF EARLY INFANCY.								
152A	Atelectasis	1							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning								
173	Traumatism in mines and quarries								
175	Traumatism by other crushing (railroads, landslides, vehicles, etc.)								
178A	Exposure								
180	Other external violence								
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	1							
		4	1				1		
	ALBERNI GROUP.—POUCE COUPE.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								1
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
117	Simple peritonitis (non-puerperal)								
	XIV.—ILL-DEFINED DISEASES.								
187	Ill-defined organic disease								
									1
	ALBERNI GROUP.—PRINCE RUPERT.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
32A	Tuberculosis of spine								
42	Cancer and other malignant tumours of the female genital organs								
45	Cancer and other malignant tumours of other organs, and of organs not specified								
51	Exophthalmic goitre								
54A	Anæmia, pernicious								
70	Arteriosclerosis, senile								
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
66	Paralysis without specified cause								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ALBERNI GROUP—PRINCE RUPERT.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
79B	Cardiac dilatation, complicated by diabetes M.	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
81A	Atheroma	....	....	....	....	....	....	....	....
81B	Pyemia	....	....	1	....	....	....	....	....
	IV. DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	1	....	....	....	....	....	....	....
92	Pneumonia	....	....	....	1	....	....	....	....
93	Pleurisy	....	....	....	....	....	....	....	....
97A	Pulmonary œdema	1	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	1	..	....	....	....	....	....	....
109	Hernias, intestinal obstructions	....	..	....	....	....	....	....	....
114	Biliary calculi	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	1	....	....	....
120A	Uremia	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
145	Other diseases of the skin and annexa	1	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	2	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....
151C	Hydrocephalus	..	1	....	....	....	....	....	....
152A	Atelectasis	....	1	....	....	....	....	....	....
153A	Still-born	1	....	....	....	....	....	....	....
153B	Premature	1	....	....	....	....	....	....	....
153C	Umbilical hæmorrhage	1	....	....	....	....	....	....	....
153D	Hæmorrhage of bowels	....	1	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms	....	....	..	....	....	....	..	....
169	Accidental drowning	....	....	....	....	..	....	..	....
169A	Traumatism in logging camp and sawmill	....	....	..	....	....	....	....	....
170	Traumatism by firearms	..	....	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		10	4	1	1	1	....	....	....
	ALBERNI GROUP—ANYOX.								
	XI.—DISEASES OF EARLY INFANCY.								
153A	Premature	....	1	..	....	....	....	....	....
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DEPT. OF EPIDEMIOLOGY

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ALBERNI GROUP—QUATSINO.	M.	F.	M.	F.	M.	F.	M.	F.
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—QUEEN CHARLOTTE.								
	I.—GENERAL DISEASES.								
7	Scarlet fever	....	....	....	....	1	....	....	....
35	Disseminated tuberculosis, specify organ	....	....	....	....	....	....	1	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Premature	1	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		1	....	....	....	1	....	1	....
	ALBERNI GROUP—STEWART.								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
172	Traumatism by fall	....	....	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—TELEGRAPH CREEK.								
	I.—GENERAL DISEASES.								
54A	Anæmia, pernicious	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ASHCROFT.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....	....	....
52	Addison's disease	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
71	Convulsions of infants	....	1	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ASHCROFT.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78B	Cardiac dropsy								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	1							
91	Bronchopneumonia	1							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
170	Traumatism by firearms								
174	Traumatism by machines								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
		2	1						
	BARKERVILLE.								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
109	Hernias, intestinal obstructions								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia								
	FORT GEORGE.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	1							
92	Pneumonia								
92A	Lobar pneumonia								
94	Pulmonary congestion, pulmonary apoplexy								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
110	Other diseases of the intestines	1							
	XI.—DISEASES OF EARLY INFANCY.								
152A	Atelectasis	1							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning								
170	Traumatism by firearms								
	XIV.—ILL-DEFINED DISEASES.								
187	Ill-defined organic disease	1							
189	Cause of death not specified or ill-defined		1						
		4	1						

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	TETE JAUNE.	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—Diseases of Early Infancy.								
141	Congenital debility, icterus, and sclerema	1							
153A	Premature	1							
153B	Protracted labour	1							
	XIII.—Affections produced by External Causes.								
159	Suicide by firearms								
167	Burns (conflagration excepted)								
169	Accidental drowning					1			
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
		3				1			
	CLINTON.								
	I.—General Diseases.								
9	Diphtheria and croup	1							
	V.—Diseases of the Digestive System.								
113	Cirrhosis of the liver								
	XIII.—Affections produced by External Causes.								
176	Injuries by animals								
		1							
	LILLOOET.								
	I.—General Diseases.								
28	Tuberculosis of the lungs								
30A	Diabetes mellitus								
	III.—Diseases of the Circulatory System.								
79A	Chronic valvular disease								
79B	Mitral regurgitation complicated by nephritis								
	IV.—Diseases of the Respiratory System.								
92A	Lobar pneumonia								1
									1
	QUESNEL.								
	I.—General Diseases.								
28	Tuberculosis of the lungs								
	II.—Diseases of Nervous System and Organs of Special Sense.								
66	Paralysis without specified cause								
	III.—Diseases of the Circulatory System.								
79A	Mitral regurgitation								
	XIII.—Affections produced by External Causes.								
178	Excessive cold								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
																				1			1
																				1			1
																				1			1
				1																1			1
		1																		1			1
				1																2			2
				2				1												3			3
		1		4				1												10			10
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								1												1			1
								2												3			3
		1						1												1			1
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		1						1		1				1						4	1		5
						1														1			1
						1														1			1
				1						1										1			1
				1		2				1										4			4

CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	150-MILE HOUSE.	M.	F.	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III. DISEASES OF THE CIRCULATORY SYSTEM.								
78B	Cardiac dropsy								
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
172	Traumatism by fall								
178	Excessive cold								
	YALE.								
	I.—GENERAL DISEASES								
28	Tuberculosis of the lungs								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	1	1						
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
166	Conflagration								
169	Accidental drowning								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined								
		1	1						
	FAIRVIEW.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
42	Cancer and other malignant tumours of the female genital organs								
43	Cancer and other malignant tumours of the breast								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
66	Paralysis without specified cause								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78A	Endocarditis following rheumatism								
78B	Cardiac dropsy								
79	Organic diseases of the heart								
79A	Chronic valvular disease								
79B	Mitral regurgitation								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia								
96	Asthma								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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						1														1			1
				1		1			1			1			1					3	2		5
			1																		1		1
						1						1								3	1		4
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						1		6										1		8			7
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		1	1			2		8				1			1			2		15	3		18
		2		1		1														4			4
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								1												1			1

CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	FAIRVIEW.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
113	Cirrhosis of the liver								
115	Other diseases of the liver								
117	Simple peritonitis (non-puerperal)								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis								
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia								
	XI.—DISEASES OF EARLY INFANCY.								
153A	Premature		1						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms								
169	Accidental drowning								
169A	Traumatism in logging camp and sawmill								
173	Traumatism in mines and quarries								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
178A	Exposure								
			1						
	GREENWOOD.								
	I.—GENERAL DISEASES.								
1	Typhus fever								
28	Tuberculosis of the lungs								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
46	Other tumours (tumours of the female genital organs excepted)								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
71	Convulsions of infants	1							
	III. DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
79A	Chronic valvular disease								
81	Diseases of the arteries								
	IV. DISEASES OF THE RESPIRATORY SYSTEM.								
87	Diseases of the larynx							1	
89	Acute bronchitis		1						
91	Bronchopneumonia		2						
92	Pneumonia								
92A	Lobar pneumonia								
	V. DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)		1						
109	Hernias, intestinal obstructions		1						
115	Other diseases of the liver	1							
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1							

DEATH, 1917.

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	GREENWOOD.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
152A	Atelectasis	1	1						
153A	Premature	2							
153B	Strangulation due to vomitus	1							
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning					1			
173	Traumatism in mines and quarries								
						1			
	GRAND FORKS.								
	I.—GENERAL DISEASES.								
6	Measles	1							
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
54A	Anæmia, pernicious								
56	Alcoholism, acute								
	II.—DISEASES OF THE NERVOUS SYSTEM.								
61A	Meningitis, typhoidal					1			
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78B	Cardiac dropsy								
79A	Chronic valvular disease								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	1							
92	Pneumonia								
92A	Pneumonia following measles	1				1			
92B	Pneumonia-hypostatic								
94	Pulmonary congestion, pulmonary apoplexy								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	1							
109	Hernias, intestinal obstructions								
110A	Enterocolitis	1							
117	Simple peritonitis (non-puerperal)								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
133A	Nephritis following scarlet fever					1	1		
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1							
151B	Nonassimilation of food		1						
153A	Still-born	2							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
165	Other acute poisonings								
171A	Traumatism by falling tree								
		8	1			3	1		

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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2	....	....	1	1	1	2	2	3	2	....	....	4	....	1	....	....	....	....	....	24	8	.....	32

CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under one year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	KAMLOOPS.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
1	Typhoid fever								
8	Whooping-cough						1		
14	Dysentery								
20	Purulent infection and septicæmia			1					
28	Tuberculosis of the lungs								
29	Acute miliary tuberculosis								
30	Tubercular meningitis								
34A	Intestinal tuberculosis								
37	Syphilis								
39	Cancer and other malignant tumors of the buccal cavity								
39A	Cancer of face								
39B	Cancer of Æsophagus								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
42	Cancer and other malignant tumours of the female genital organs								
43	Cancer and other malignant tumours of the breast								
45	Cancer and other malignant tumours of other organs, and of organs not specified								
46	Other tumours (tumours of the female genital organs excepted)								
54A	Anæmia, pernicious								
56	Alcoholism, acute								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis								
64	Cerebral hæmorrhage, apoplexy								
66	Paralysis without specified cause								
71	Convulsions of infants	1	2	1	1				
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								
79	Organic diseases of the heart								
79A	Chronic valvular disease								
80	Angina pectoris								
81	Diseases of the arteries								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
87A	Gangrene of lung								
89	Acute bronchitis								
91	Bronchopneumonia	1							
92	Pneumonia		1						
92A	Lobar pneumonia								
92B	Hypostatic pneumonia								
94	Pulmonary congestion, pulmonary apoplexy								
98A	Œdema of lungs								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach								
104	Diarrhœa and enteritis (under 2 years)				1	1			
105	Diarrhœa and enteritis (2 years and over)								
108	Appendicitis and typhlitis								
117	Simple peritonitis (non-puerperal)								
118	Other diseases of the digestive system (cancer and tuberculosis excepted)								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis								
120	Bright's disease								
126	Diseases of the prostate								
	VII.—THE PUERPERAL STATE.								
137A	Eclampsia								
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	2							
151B	Non-assimilation of food		1						
153A	Premature	1	1						
153B	Umbilical hæmorrhage	1							
	XII.—OLD AGE.								
154	Senility								

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	KAMLOOPS.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation	...	...	...	...	...	...	...	...
159	Suicide by firearms	...	...	...	...	...	...	...	...
166	Conflagration	1	...	1	1	...	1	...	...
167	Burns (conflagration excepted)	...	...	...	...	1	...	...	...
169	Accidental drowning	...	...	...	...	...	...	...	...
173	Traumatism in mines and quarries	...	...	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...	...	...
175A	Traumatism not specified	...	...	...	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...	...	...
186A	Syncope following operation	...	...	1	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	...	...	...	...	...	...	...	...
		7	5	4	3	2	2	...	...
	NICOLA.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	...	...	...	...	...	...	...	...
30	Tubercular meningitis	...	...	...	...	...	...	...	...
56	Alcoholism, acute	...	...	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
63A	Tumour of brain	...	...	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	...	...	...	...	...	...	...	...
78	Acute endocarditis	...	...	...	...	...	...	...	...
79	Organic diseases of the heart	...	...	...	...	...	...	...	...
81A	Aneurism	...	...	...	...	...	...	...	...
82	Embolism and thrombosis	...	...	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	...	...	...	...	...	...	...	...
92A	Lobar pneumonia	...	...	...	...	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	...	...	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
170	Traumatism by firearms	...	...	...	...	...	...	...	...
172	Traumatism by fall	...	...	...	...	...	...	...	...
173A	Traumatism by railway construction	...	...	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...
	PRINCETON.								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
6	Measles	...	...	...	...	...	...	...	...
20	Purulent infection and septicæmia	...	...	...	...	...	...	...	...
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	...	...	...	...	...	...	...	...
	IV. DISEASES OF THE RESPIRATORY SYSTEM.								
92A	Lobar pneumonia	...	...	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
105	Diarrhœa and enteritis (2 years and over)	...	...	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	...	1	...	...	...	...	...	...

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.]		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—REVELSTOKE—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
		....	1	....	....	....	....	....	....
	VERNON.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	1	....	....	....
10	Influenza	....	....	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....	....	....
34A	Tuberculosis of intestines	....	....	....	....	....	....	....	....
37	Syphilis	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
44A	Cancer of face	....	....	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	1	....	....	....
47	Acute articular rheumatism	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....	....	....
53	Leuchæmia	....	....	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	1	....	....	....	....	....
61A	Meningitis following typhoid	....	....	....	....	....	....	....	....
63	Other diseases of the spinal cord	....	....	....	....	....	....	....	....
63A	Acute anterior poliomyelitis	....	....	....	....	....	....	1	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	1	....	....	....	....
76	Diseases of the ears	....	....	....	....	....	....	1	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
79B	Dilation of the heart	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
88	Diseases of the thyroid	....	1	....	....	....	....	....	....
92	Pneumonia	1	....	1	....	....	....	....	....
92A	Lobar pneumonia	....	1	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach and intestines	....	....	....	....	1	....	1	....
103	Other diseases of the stomach (cancer excepted)	1	....	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....	....	....
115	Other diseases of the liver	....	1	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	1	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
134	Accidents of pregnancy	....	....	....	....	....	....	....	....
137	Puerperal septicæmia	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VERNON.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	1	....	....	....	..	....	....
251B	Non-assimilation of food	1	....	....	....	....	....	..	....
153A	Premature	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
176	Injurles by animals	....	....	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....	....	....
		6	6	2	1	3	....	3	....
	VANCOUVER CITY.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	....	....	....	....
5	Smallpox	....	....	....	....	....	....	....	....
6	Measles	....	....	....	....	....	1	....	....
7	Scarlet fever	..	..	1	....	..	1	....	....
8	Whooping-cough	1	2	....	....	....	....	....	1
9	Diphtheria and croup	....	....	....	1	2	1	1	1
10	Influenza	1	....	....	....	....	....	....	....
14	Dysentery	....	....	....	....	....	....	....	1
18	Erysipelas	1	....	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	2	....	....	....	....	....	....
28	Tuberculosis of the lungs (Asiatic)	....	....	....	....	....	....	2	....
28A	Tubercular laryngitis	....	....	....	....	....	....	....	....
29	Acute miliary tuberculosis (Asiatic)	....	....	....	....	....	1	....	1
30	Tubercular meningitis (Asiatic)	3	3	2	2	2	3	2	3
30A	Tubercular peritonitis (Asiatic)	....	....	....	....	....	....	1	....
31	Abdominal tuberculosis	....	....	....	....	....	....	....	....
32	Pott's disease—tuberculosis of spine	....	....	....	....	....	....	....	....
32A	Tuberculosis of spine	....	....	....	....	....	....	....	....
34A	Tuberculosis of kidney	....	....	....	....	....	....	....	....
34B	Tubercular enteritis	....	....	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	1	....	....	....
37	Syphilis—congenital*	1	....	....	....	....	....	....	....
29A	Cancer of bladder	....	....	....	....	....	....	....	....
39B	Cancer of prostate	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
43	Cancer and other malignant tumors of the breast	....	....	....	....	....	....	....	....
44A	Cancer of lung	....	....	....	....	....	....	....	....
44B	Cancer of jaw	....	....	....	....	....	....	....	....
44C	Cancer of penis (Asiatic)	....	....	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
45A	Cancer of Œsophagus	....	....	....	....	....	....	....	....
45B	Cancer of pharynx	....	....	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....	....	....
47	Acute articular rheumatism	....	....	....	....	....	....	1	....
50	Diabetes	....	....	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....	....	....
51A	Goitre not specified	....	....	....	....	....	....	....	....
52	Addison's disease	....	....	....	....	....	....	....	....
53	Leuchæmia	1	....	....	....	....	1	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....	....	....
55A	Purpura hæmorrhagica	....	1	....	....	....	....	....	....
56	Alcoholism, acute	....	....	....	....	....	....	....	....
56A	Alcoholism, chronic	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER CITY.—*Continued.*	M.	F.	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis (Asiatic)	1	...	...	1	...	...	...	...
61A	Cerebrospinal meningitis	...	...	...	...	...	...	...	...
62A	Acute anterior poliomyelitis	...	...	...	...	...	...	...	...
62B	Oedema of brain	...	...	1	...	...	...	...	...
63	Tumor of brain	...	...	...	...	1	...	...	...
64	Cerebral haemorrhage, apoplexy	1	...	...	...	...	...	...	...
66	Paralysis without specified cause	...	...	...	...	...	...	...	...
68A	Cerebral thrombosis	...	...	...	...	...	...	...	...
68B	Cerebral abscess	...	...	...	...	...	1	...	...
69	Epilepsy	...	...	1	...	...	...	...	...
71	Convulsions of infants	8	1	1	1	...	...	...	...
76A	Otitis media	1	...	...	...	...	1	...	1
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77	Pericarditis	...	...	...	...	...	...	...	...
77A	Myocarditis	1	...	1	...	2	...	1	...
78	Acute endocarditis	...	...	...	...	1	...	...	...
78A	Endocarditis, following rheumatism	...	...	...	...	1	...	1	1
78B	Cardiac dropsy	...	...	...	...	...	...	...	...
79	Organic diseases of the heart (Asiatic)	...	...	...	...	...	...	...	...
79A	Cardiac paralysis	...	...	...	...	...	...	...	...
79B	Chronic valvular disease	...	...	...	...	...	...	...	...
79C	Aortic insufficiency	...	...	...	...	...	...	...	...
79D	Fatty degeneration of heart	...	...	...	...	...	...	...	...
79E	Mitral regurgitation	...	...	...	...	...	...	...	...
79F	Cardiac dilation	...	...	...	...	...	...	...	...
79G	Cardiac embolism	...	...	...	...	...	...	...	...
80	Angina pectoris	...	...	...	...	...	...	...	...
81	Diseases of the arteries	...	...	...	...	...	...	...	...
81A	Aneurism	...	...	...	...	...	...	...	...
81B	Arterio sclerosis	...	...	...	...	...	...	...	...
82	Embolism and thrombosis	...	...	...	...	...	...	...	...
84A	Lymphangitis	...	...	...	...	...	1	...	...
84B	Hodgkin's disease	...	...	...	...	...	...	...	...
85	Haemorrhage	...	...	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
87	Diseases of the larynx	...	...	...	...	...	...	...	...
89	Acute bronchitis	...	2	...	...	...	...	...	...
90	Chronic bronchitis	...	...	...	...	...	...	...	...
91	Bronchopneumonia	11	11	1	...	1	...	...	1
92	Pneumonia	6	2	2	...	1	...	...	...
92A	Lobar pneumonia	2	1	1	1	...	...	...	...
92B	Pneumonia hypostatic	...	...	...	...	...	...	...	...
92C	Capillary bronchitis	1	...	...	...	...	...	...	...
92D	Bronchopneumonia, following infected fracture of hip	...	...	...	...	...	...	...	...
92E	Pneumonia following measles	...	...	1	...	...	...	...	...
93	Pleurisy	...	...	...	...	...	...	...	...
94	Pulmonary congestion, pulmonary apoplexy	...	...	...	...	...	...	...	...
96	Asthma	...	...	...	...	1	...	...	...
97A	Pulmonary abscess	...	...	...	...	...	...	...	...
97B	Pulmonary haemorrhage	...	...	...	...	...	...	...	...
97C	Pulmonary embolus	...	...	...	...	...	...	...	...
97D	Septic pneumonia	...	...	...	...	...	...	...	...
98	Other diseases of the respiratory system (tuberculosis excepted)	1	...	...	...	...	...	...	...
98A	Oedema of lungs	...	...	1	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	...	...	...	...	...	...	...	...
103	Other diseases of the stomach (cancer excepted)	...	...	...	...	...	...	...	...
103A	Haemorrhage from bowels	...	...	...	...	...	...	...	...
103B	Duodenal ulcer	...	...	...	...	...	...	...	...
104	Diarrhœa and enteritis (under 2 years)	11	4	...	...	...	...	...	...
105	Diarrhœa and enteritis (2 years and over)	...	...	...	...	...	...	...	...
108	Appendicitis and typhlitis	1	...	...	...	...	...	1	1
109	Hernias, intestinal obstructions	...	...	...	...	...	...	...	...
110	Other diseases of the intestines	...	...	...	...	...	...	...	...
110A	Enterocolitis	1	...	...	...	...	...	...	...
111	Acute yellow atrophy of the liver	...	...	...	...	...	...	...	...
113	Cirrhosis of the liver	1	...	...	...	...	...	...	...
114	Biliary calculi	...	...	...	...	...	...	...	...
115	Other diseases of the liver	...	...	...	...	...	...	...	...
117	Simple peritonitis (non-puerperal)	...	...	...	1	...	...	...	...
117B	Peritonitis, gastric ulcer perforated	...	...	...	...	...	...	...	...
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	4	1	...	...	...	...	...	...
118A	Septic peritonitis	...	...	...	...	...	...	...	...

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER CITY.—*Continued.*	M.	F.	M.	F.	M.	F.	M.	F.
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis (Asiatic)	1	2	....	....	1	....	....	2
120	Bright's disease	....	....	....	....	....	....	....	....
120A	Uræmia	1	....	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	1	....	....	....	....
124	Diseases of the bladder	....	....	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....	....	....
131	Cysts and other tumours of the ovary	....	....	....	....	....	....	....	....
133A	Parenchymatous nephritis	....	....	....	....	....	....	....	....
133B	Cholecystitis	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
135	Puerperal hæmorrhage	....	....	....	....	....	....	....	....
137	Puerperal septicæmia	....	....	....	....	....	....	....	....
137A	Puerperal infection following miscarriage	....	....	....	....	....	....	....	....
137B	Eclampsia	....	....	....	....	....	....	....	....
138	Puerperal albuminuria and convulsions	....	....	....	....	....	....	....	....
139	Puerperal phlegmasia alba dolens, embolus, sudden death	....	....	....	....	....	....	....	....
140	Following childbirth (not otherwise defined)	....	....	....	....	....	....	....	....
141A	Pneumonia following childbirth	....	....	....	....	....	....	....	....
141B	Incomplete abortion	....	....	....	....	....	....	....	....
141C	Following Cesarotomy	....	....	....	....	....	....	....	....
141D	Ectopic pregnancy	....	....	....	....	....	....	....	....
141E	Puerperal fever	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene	....	....	....	....	....	....	....	....
145	Other diseases of the skin and annexa	....	1	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.								
147	Diseases of the joints (tuberculosis and rheumatism excepted)	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	5	6	....	....	....	....	....	....
150A	Hæmorrhage neonatorum	....	2	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	12	4	....	....	....	....	....	....
151A	Accident of labour	1	2	....	....	....	....	....	....
151B	Non-assimilation of food	5	4	....	....	....	....	....	....
152A	Atelectasis	5	1	....	....	....	....	....	....
153A	Stillborn	41	43	....	....	....	....	....	....
153B	Premature	22	19	....	....	....	....	....	....
153C	Umbilical hæmorrhage	1	....	....	....	....	....	....	....
153D	Melena neonatorum	....	1	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
155	Suicide by poison	....	....	....	....	....	....	....	....
156	Suicide by asphyxia	....	....	....	....	....	....	....	....
157	Suicide by hanging or strangulation	....	....	....	....	....	....	....	....
158	Suicide by drowning	....	....	....	....	....	....	....	....
159	Suicide by firearms	....	....	....	....	....	....	....	....
160	Suicide by cutting or piercing instruments	....	....	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	1	1	1	....	....	....	....
168	Absorption of deleterious gases (conflagration excepted)	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	1	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	1	....
172	Traumatism by fall	....	1	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	1	....	....	....	4	....
182	Homicide by firearms	....	....	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER CITY.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES—*Concluded.*								
182A	Starvation—result of gunshot wound in bowels	...	...	...	...	...	...	...	...
182B	Traumatism in shipyard	...	...	...	...	...	...	...	...
186	Other external violence	1	1	...	...	...	1	...	...
186A	Shock	...	...	...	...	...	...	...	...
186B	Infanticide—drowning	...	...	...	1	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy	...	...	...	...	...	...	...	...
189	Cause of death not specified or ill-defined	...	...	..	...	...	1	...	...
		152	121	15	9	14	14	15	13
	SOUTH VANCOUVER.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	...	...	...	...	1	...	...	...
7	Scarlet fever	...	...	...	...	...	...	...	1
28	Tuberculosis of the lungs	...	...	...	...	...	...	...	...
29	Acute miliary tuberculosis	...	...	1	...	...	...	...	...
30	Tubercular meningitis	...	...	...	...	...	1	...	...
30A	Tubercular peritonitis	...	...	...	1	...	...	...	...
32A	Tuberculosis of spine	..	...	...	...	...	...	...	...
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	..	...	...	...	...
42	Cancer and other malignant tumours of the female genital organs	...	...	...	...	...	...	...	...
54A	Anæmia, pernicious	...	...	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
62	Locomotor ataxia	...	...	...	...	...	...	...	...
63A	Acute anterior poliomyelitis	...	...	...	...	...	...	...	...
64	Cerebral hæmorrhage, apoplexy	..	...	...	...	...	...	...	...
66	Paralysis without specified cause	...	...	...	...	...	...	...	...
69	Epilepsy	...	1	...	...	...	...	...	...
71	Convulsions of infants	1	...	...	1	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77	Pericarditis	...	...	...	...	...	...	1	...
77A	Myocarditis	...	...	...	...	...	..	...	...
78	Acute endocarditis	...	...	...	...	...	...	...	...
79A	Chronic valvular disease	...	...	...	...	..	...	...	...
79B	Cardiac dilation	...	...	...	...	...	...	1	...
79C	Cardiac sclerosis with rupture	...	...	...	...	...	...	...	...
81	Diseases of the arteries	...	...	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	1	...	...	...	...	...	...	...
90	Chronic bronchitis	...	...	...	...	...	...	...	...
91	Bronchopneumonia	2	1	...	...	...	...	...	...
92	Pneumonia	...	...	...	...	...	...	...	...
92A	Lobar pneumonia	...	...	...	...	...	...	...	...
92B	Hypostatic pneumonia	...	...	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)	...	1	...	...	...	...	...	...
110A	Enterocolitis	..	...	...	1	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	...	...	...	...	...	...	...	...
120A	Uræmia	...	...	...	...	...	...	...	...
126	Diseases of the prostate	...	...	...	...	...	...	...	...
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia	...	...	...	...	...	...	...	...
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	...	...	...	...	...	...	...

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	SOUTH VANCOUVER.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
152A	Atelectasis	....	1	....	....	....	....	....	....
153A	Still-born	9	3	....	....	....	....	....	....
153B	Premature	3	2	....	....	....	....	....	....
153C	Melena neonatorum	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms	....	..	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	1
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	1	....	....	....	....
		18	9	1	4	1	1	2	2
	VANCOUVER DIVISION—POINT GREY.								
	I.—GENERAL DISEASES.								
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
63A	Primary lateral sclerosis of spinal cord	....	....	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
79A	Cardiac rupture following ulceration	....	....	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	1	....	....	....	....	....	....	....
91	Bronchopneumonia	1	....	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
92A	Lobar pneumonia	....	....	....	....	....	....	....	....
92B	Hypostatic pneumonia	....	....	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	2	....	....	....	....	....	....
152A	Atelectasis	1	....	....	....	....	....	....	....
153A	Still-born	1	....	....	....	....	....	....	....
153B	Premature	1	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
158	Suicide by drowning	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
		5	3	....	....	....	....	....	....

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NORTH VANCOUVER CITY.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.								
1	Typhoid fever followed by haemorrhage of the bowels								
7	Scarlet fever followed by septicaemia							1	
28	Tuberculosis of the lungs						1	1	1
30	Tubercular meningitis	1						1	
30A	Tubercular peritonitis								
40	Cancer and other malignant tumours of the stomach, liver								
42	Cancer and other malignant tumours of the female genital organs								
44A	Cancer of throat								
50A	Diabetes mellitus								
56	Alcoholism, acute								
	II.—Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral haemorrhage, apoplexy								
65	Softening of the brain								
66	Paralysis without specified cause								
68	Other forms of mental alienation								
71	Convulsions of infants	2							
76A	Otitis media								
	III.—Diseases of the Circulatory System.								
77A	Myocarditis								
78A	Endocarditis following rheumatism								
79	Organic diseases of the heart								
79A	Chronic valvular disease								
79B	Mitral regurgitation								
	IV.—Diseases of the Respiratory System.								
91	Bronchopneumonia	1							
92	Pneumonia								
92A	Hypostatic pneumonia								
96	Asthma								
	V.—Diseases of the Digestive System.								
108	Appendicitis and typhlitis								
109	Hernias, intestinal obstructions								
117	Simple peritonitis (non-puerperal)								
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis								
120	Bright's disease								
124	Diseases of the bladder								
131	Cysts and other tumours of the ovary								
	VII. The Puerperal State.								
140	Following childbirth (not otherwise defined)								
	XI.—Diseases of Early Infancy.								
151C	Hydrocephalus			1					
153A	Still-born	5	2						
153B	Premature	2							
	XII.—Old Age.								
154	Senility								
	XIII.—Affections produced by External Causes.								
157	Suicide by hanging or strangulation								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
		11	2	1			1	3	1

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NORTH VANCOUVER DISTRICT.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	..	..	..	..	..	..	..	..
39a	Cancer of larynx	..	..	..	..	..	..	..	..
40	Cancer and other malignant tumors of the stomach, liver	..	..	..	..	..	..	..	..
	III. DISEASES OF THE CIRCULATORY SYSTEM.								
84A	Aneurism	..	..	..	..	..	..	..	..
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	..	1	.	..	..	..	..	..
98	Asthma	..	..	..	..	..	..	..	..
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	..	..	..	..	..	..	..	..
	XI.—DISEASES OF EARLY INFANCY.								
155A	Premature	1	..	..	..	..	..	..	..
	XII.—OLD AGE.								
164	Senility	..	..	..	..	..	..	..	..
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	..	..	..	..	..	..	..	..
169A	Traumatism in logging camp and sawmill	..	..	..	..	..	..	..	..
172	Traumatism by fall	..	..	..	..	..	..	..	..
		1	1	..	..	..	..	..	..
	WEST VANCOUVER.								
	I.—GENERAL DISEASES.								
44	Cancer and other malignant tumors of the skin	..	..	..	..	..	..	..	..
	XI. DISEASES OF EARLY INFANCY.								
155A	Still-born	..	1	..	..	..	..	..	..
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
170	Shot by firearms	..	..	..	..	..	..	..	..
171b	Traumatism by falling tree	..	..	..	..	..	..	..	..
		..	1	..	..	..	..	..	..
	VANCOUVER—OUTSIDE.								
	I. GENERAL DISEASES.								
28	Tuberculosis of the lungs	..	..	1	..	..	..	..	..
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	..	..	..	..	..	..	..	..
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78B	Cardiac dropsy	..	..	..	..	..	..	..	..
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	..	..	..	..	..	..	..	..
92A	Lobar pneumonia	..	..	..	..	..	..	..	..
96	Pleurisy	..	1	..	..	..	..	..	..

DEATH, 1917—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER—OUTSIDE.—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	VII.—THE PUERPERAL STATE.								
137A	Eclampsia	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
152A	Atelectasis	1	....	....	....	....	....	....	....
155A	Stillborn	....	1	....	....	....	....	....	....
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
167	Burns (conflagration excepted)	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	..
176	Injuries by animals	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
		1	2	1	....	....	....	....	....
	RICHMOND.								
	I.—GENERAL DISEASES.								
8	Whooping-cough followed by broncho-pneumonia	....	1	....	....	....	1	....	....
10	Influenza	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
29	Tubercular meningitis	1	....	....	....	....	....	1	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	1	....	....	....
64	Cerebral hemorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79A	Chronic valvular disease	....	....	....	....	....	....	....	....
	IV. DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103A	Hemorrhage of stomach	....	....	....	....	....	....	....	..
110	Other diseases of the intestines	....	....	....	....	1	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	1	....	....	....
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	1	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Melena neonatorum	....	1	....	....	....	....	....	....
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
	XIV. ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		1	2	1	....	3	1	1	....

DEATH, 1917.

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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SECOND MEETING

OF

MEDICAL HEALTH OFFICERS OF BRITISH COLUMBIA

HELD AT

LABOUR TEMPLE, corner Homer and Dumsmuir Streets, VANCOUVER, B.C.

SEPTEMBER 12TH AND 13TH, 1917.

Under the authority of Doctor the Hon. J. D. MacLean, Provincial Secretary.

MEDICAL OFFICERS OF HEALTH.

Present—

Dr. J. E. H. Kelso	Edgewood.
Dr. Isabel Arthur	Nelson.
Dr. M. Callanan	Barkerville.
Dr. H. W. Keith	Enderby.
Dr. J. P. Cade	Prince Rupert.
Dr. A. G. Price	Victoria.
Dr. F. Stainsby	Field.
Dr. H. C. Wrinch	Hazelton.
Dr. R. W. Large	Port Simpson.
Dr. J. H. Hamilton	Revelstoke.
Dr. S. Petersky	Lucerne.
Dr. G. H. Tutill	Merritt.
Dr. H. L. Turnbull	South Vancouver.
Dr. O. G. Ingham	Nanaimo.
Dr. W. F. Drysdale	Nanaimo.
Dr. G. deB. Watson	Burnaby.
Dr. F. T. Underhill	Vancouver.
Dr. S. O. McEwen	New Westminster.
Dr. W. E. Newcombe	North Vancouver.

F. F. WESBROOK, M.D., LL.D.,

President of the University of British Columbia.

SECRETARY TO THE MEETING:

H. E. YOUNG, M.D.,

Secretary, Provincial Board of Health, Victoria, B.C.

WEDNESDAY, September 12th, 1917

Morning Session.

The Convention was opened at 9.30 a.m., Dr. F. T. Underhill presiding.

The Chairman: Ladies and Gentlemen.—I think we may call this meeting open and commence our programme. Personally, I would like to offer you all a very hearty welcome to Vancouver; and while I am very glad to see you, I should have been still more pleased had there been a fuller attendance.

There are one or two points which I would like to emphasize. The first is, that those who rise to speak will kindly give their name and place of residence, so that the stenographer can keep a proper record. Secondly, we desire to have a free and open discussion on all subjects and any amount of criticism—hit as hard as you like—we want to learn, and we can do so at a meeting of this kind.

You will probably have noticed that no provision is made for any entertainment. It was thought that under the conditions in which we are now living such a proceeding might not be quite in place. However, the freedom of Vancouver, in so far as we can give it—outside of the Police Court—is open to you. The hospitals will be glad to see you: also the Health Department: for, while we are ashamed of our building, we have the material there if only we had proper space for it.

Dr. Young has kindly organized this meeting, and I will therefore ask him to be good enough to open it officially.

Dr. H. E. Young (Secretary, Provincial Board of Health): Mr. Chairman, Ladies and Gentlemen.—As you know, some two or three years ago we undertook a programme of holding annual meetings of the Health Officers of the Province, and had, in 1914, a very successful meeting, and it looked as if we were launched on a programme that would be of very material benefit to the Medical Health Officers, and also to the public in general. The matters that we wished to discuss were those, of course, which loomed very large in the Province, and in many cases we had no precedents to guide us. The conditions in the Province are such that these matters have to be met just as circumstances warrant. Unfortunately, following that meeting, war was declared, and, as a result, general disorganization of our staff in the Provincial Board of Health. Our men left—there have been some 200 members of the medical profession who have gone from British Columbia—and it was not thought advisable, under existing conditions, that we should continue the meetings at the time. However, war seems to be a fixed condition, and probably we might be pardoned now if we were to say, if there is anything in the expression, that business should go on as usual: and taking everything into consideration, and also the fact that in the near future, or we hope in the near future, there will be a cessation of the war and other problems will arise, such as immigration to the Province—we may be disappointed, but I feel that people in general are optimistic on this point, and in order that we may be able to meet these conditions, we thought it advisable to resume these meetings, and I have asked different members of the Medical Health Officers to give us papers.

The programmes which you have before you show that I have made a very good selection in the choice of the men from whom we are to have papers. The intention of their papers is to register their views and the results of their experience in the practice of the profession, but the chief thing I wish to bring about is the promotion of a discussion of these papers; to get an expression from those of you who are here to-day, coming from widely scattered points in the Province and to whom at times important questions arise which you have to decide without the possibility of your being able to get advice.

The Provincial Board of Health wishes the Medical Officers to feel that the Department is back of them in enforcing the requirements and regulations. When we come down to ultimate results, it is a matter of education—the people must be educated. It is difficult to enforce regulations when the enforcement interferes with the daily habits of the people or their personal liberty. They must be taught that they are individual members of a community, and that the health of the community depends entirely upon concerted action, and that the point of infection arising from one person neglecting to carry out regulations may result in serious epidemics and disorganization of business and death among the people of the community as a whole.

I propose to continue to carry out as far as possible the distribution of literature along these lines, and we hope that those who are reading their papers during the sessions will consider they are contributing a great deal towards the publication of pamphlets which will go toward the education of the people; and great benefits will be derived from active co-operation, and from the knowledge of the individual that what we are asking them to do is for their own benefit.

I look forward with a great deal of pleasure to listening to these papers and to the discussion of these questions.

I wish to thank Dr. Underhill for the splendid co-operation he has given me in the arrangements for this meeting, and also for kindly taking the chair.

The Chairman: As Dr. Young has said, I hope there will be a free discussion of all these papers. I would ask those who are reading to read as distinctly as possible, and also any one speaking to a paper to speak slowly and distinctly, and not to be disconcerted if any one asks them to speak up. The idea is for every one to hear what is being said.

The first paper is on "Child-welfare," by Dr. Isabel Arthur, of Nelson, B.C.

CHILD-WELFARE.

By ISABEL ARTHUR, M.D., MEDICAL HEALTH OFFICER, NELSON, B.C.

Mr. Chairman, Ladies and Gentlemen,—It is a great pleasure for me to be here this morning. I was very much pleased to be asked to read a paper on this subject, but with the medical inspection of schools taken up by Dr. Brydone-Jack, and the infectious diseases by some one else, it left me another field entirely, not altogether medical, to go into, because I think "child-welfare" includes a great deal that is not medical.

There is nothing else around which so much centres on or which so much depends as on the child. It is the possibility of the nation, the hope of the future. It comes into the world helpless, born in all kinds of places and in all kinds of conditions, without any choice as to what these conditions are. One is born in poverty, another in luxury; one in the palace, another in the slums; one in the home of luxury, refinement, and education, another in surroundings of vulgarity and ignorance.

With life begun in such different circumstances it is hard to know just how far individual responsibility extends, but we must have individual responsibility, for without it we can have no law or order, and law and order are the essentials of civilization.

In order to try and equalize conditions and put all children in as good a position as possible to begin life, much time has been spent, and never before has the welfare of the child been so much before the mind of the State. This is in the right direction, but we are a long way from having it before the mind of the State as it should be. The child is the asset of the State, and all conditions should be arranged as far as possible to get the best results from that child. It is a business transaction, and results are what we are looking for in all business transactions. We do not want inferior products turned out that may answer the purpose, but as perfect a thing as can be produced—something to be proud of; something with stability and quality, that can be used for the purposes of development and advancement and for the protection, if need be, of the State to which it belongs.

Child-welfare is such a complex subject and has so many phases that it is difficult to know where to begin or where to end. The physical development of the child is so closely connected with its mental and moral development that one cannot be separated from the other, and so in discussing its welfare many things which do not seem to be physical must be taken into account. A child whose mental and moral development is taking place in unhappy or uncongenial circumstances has not the same choice to develop physically as one whose surroundings are pleasant and happy. Neither has a child who has a taste for certain lines of work and is forced into another line which he dislikes as good a chance of physical development, as the mental is in such close relationship to the physical that without harmony of the two the best results cannot be obtained.

It would seem that there should be very close harmony between the education department and the medical, for the real welfare of the child can hardly be considered from the physician's point of view without taking into account its school-life, hours of study, hours of play, and many other things that come directly under the education department. Hence this paper is not all medical. We all realize that the physical well-being of the child is of the utmost importance. We must have the healthy child, and how to get that is our first thought, and we must begin at the beginning.

In order to have the healthy child we must have healthy parents, so that the care of the child is prenatal. Some one said, when asked the proper time to begin the education of her child, "One hundred years before its birth." That has a great significance. "Do men gather grapes from thorns or figs from thistles?" is a very pertinent question in this regard. Do we get the fit from the unfit? This is the thought that should be before the mind of every one interested in the welfare of the child. It does seem as if we begin at the wrong end in dealing with many problems. We allow things to occur and then try to treat results. Now is the time

to get at the cause, and unhealthy parentage is the cause of many conditions found in the child. We *know* that all kinds of tendencies are passed from parent to child, even unto the third and fourth generation—tendencies to wrong habits of thought as well as to right habits of thought and action. This is law—inexorable law; and although we may disregard it, it prevails just the same.

When we want first-class wheat we plant first-class seed, and we get what we aim for. This is true all through nature, and in developing the resources of nature the fact is often taken into account. Not so in the human family, though. I asked the Registrar the other day if there were any restrictions on marriage. He turned up the book, and all the restrictions I could find referred to age. Well, I find no fault with that—it is wise, perhaps; but is that all? What about the man of mature age that is a drunkard or a drug-fiend, or an idiot or a degenerate of any kind, or the man who has gone far into the country of the prodigal son, and who has wasted his substance and his health in riotous living, or who has acquired disease in any way and is devoured with it; can he get a marriage licence and no questions asked? Oh, yes! Why spoil the romance of life for him? He has been sowing his wild oats, and now he must settle down and become a respectable citizen. There is a lovely sweet girl with whom he is in love—why interfere? Let all the earth keep silent! and let this dreadful tragedy be enacted; and all through the years the tragedy, never ending, follows that innocent girl and her children. The shame and injustice is appalling. "Honour thy father and thy mother," says the good Book; but how can the child honour the parent who has bequeathed to it a heritage of ill-health or evil tendencies? Too much silence has been our fault; mock modesty and a foolish idea that certain things must not be spoken about have led to fearful results. The world has not always been fair to the child. It has allowed it to start out with a handicap, and in our cart-before-the-horse style we try to remedy the result. We will look after these children; we will see that the schools have medical and dental inspection; we will improve sanitation and have good water-supplies, and make everything tend towards health. What nonsense! Why ever allow them to happen? If we can't prevent people from acquiring disease, we can at least prevent them from passing it on to innocent children.

My first thought, then, in child-welfare would be restriction of marriage licences. Any one contemplating entering into matrimony should be compelled to undergo a strict physical examination by a capable and conscientious physician, and be required to have a certificate of good health from that physician before a licence could be issued. "Oh, yes!" some one says, "but money will buy anything; it won't work." Quite true, it will not work if doctors are going to stoop to a low enough plane to be bribed, but we like to think of doctors occupying a higher place; and, besides, they *know* the result of marriages of the unfit and unclean, and if they cannot be counted on to protect innocent women and children, God pity us all.

Now, as perhaps never before, we need healthy children to take the place of those fallen in the war, and quality will count much more than numbers in this replacement, and careful attention must be given along every line tending to the conservation and elevation of human life. When the child comes into the world the problem of taking care of it begins, and was there ever such ignorance in regard to any other subject? The delusion that maternity brings with it the knowledge of how to do this is fast disappearing, and none too soon. The whole cry of to-day is for skilled workers, people trained to do their work. All trades and professions call for training for and knowledge of the particular branch of work undertaken. But what about young motherhood? The young girl marries and in the course of time finds herself a mother without ever having had a word of instruction or how to perform the duties of motherhood, and to give that child the attention and training it should have in order to make it into the best class of citizen it is capable of being. All the girl has is her own intuition and love for her baby, and she has to depend on getting advice from very incapable people in many cases, and the result is that her whole care of the child is experimental. The pity of it is that it results in a terrible wastage of human life, often of the best type, that might have been saved through the knowledge of some of the ordinary rules for the care of the child. Not only must she know the way to take care of it physically, but she must understand that that child is not all physical. She must realize that it is not an absolutely new thing that she can train in any way she chooses; while it is true that training does a great deal in the forming of the child's habits and preparation for its life, it is also true that that child has a disposition and traits of character that no amount of training can entirely overcome. It has tendencies to good or bad habits, a predisposition to

certain lines of conduct, tendencies to contract or resist disease, and a general make-up that is entirely his own; and surely it requires a great deal of knowledge, tact, and ability to mould and form that little personality and direct it along right lines, with wisdom enough to know when to develop and when to suppress. Truly some training is necessary for this great undertaking, for great it certainly is. But she gets none. She learns as she goes on and the child is always there to practise on.

How many young mothers know how to feed a baby properly if the natural food for some reason or other is lacking? The more the baby cries the more food it gets, and the more food it is given the more the baby cries. And so it goes on from bad to worse, until both mother and baby are physical wrecks. If by any good fortune the child survives, it often takes years to recover, and in many cases it never recovers altogether. This lack of knowledge of the proper way of feeding children does not end with babyhood. Indulgence is one of the crimes of our day. It begins in babyhood and goes all through life. The child must not be denied anything. It likes candy; therefore it must have candy, and plenty of it. Whatever the grown-up members of the family eat the baby must eat too, and the result is that the child is taking food quite unfitted for its digestion, and containing the wrong proportions of the different substances contained in food. For instance, many mothers do not know that meat and milk should not be given at the same time. Perhaps they have learned the fact, but if so they do not know the reason why, and so do not act on it. The child gets all the meat at once; it usually wants a good deal; and, of course, nearly all children have plenty of milk.

There is also a great deal of irregularity in feeding the child. The pantry is open to it at all times of the day, and the result is that when the regular meal-hour comes it is not hungry. It should be taught that the time to eat is at the regular meal-hour, and that it must eat slowly and masticate its food thoroughly in order to get a proper amount of saliva mixed in with the food to help to digest the starch contained in that food. To do this it is necessary to have plenty of time for meals. I don't know how a child can do this if the time allowed is only one hour; but of course it can't, and so we preach one thing and make conditions so that the child must do the opposite. One hour and a half is the very shortest time that should be given at the noon hour, for that is the principal meal of the large majority of children, and they should not have to "bolt" it and run. It would seem as if it would be a very wise thing to have a course for the "teen" age girl along lines that would train her for the duties and responsibilities of motherhood, a course that would give her an idea of the amount of food to be given to a baby and the proper length of time in between feedings, and the importance of regularity; the age when the child might be given solid food, and so on; also some instructions on clothing, so that they may know when a child has enough on and not too much. Too much clothing is a very frequent mistake, even more common than not enough. They should also be taught about the importance of sleep, fresh air, sunlight, and many more every-day facts.

The home-work problem, too, comes in when dealing with the welfare of the child. Play is as necessary to its development as work, and if the hours after school are filled with work, when can it get its play? Either play or sleep must be sacrificed and both are absolutely essential. It seems as if for many years the child should be able to get all its instruction in schools, and that the rest of the time should be spent in other ways. We should try to make conditions so that this may be accomplished. Even in high schools it seems as if the amount of home-work boys and girls are required to do is enormous. It is not the fault of the teacher; it is our system that is at fault. I think we are trying to fit round pegs into square holes and square pegs into round holes, trying to make the child develop along lines where it has no aptitude, instead of along the lines it likes. What we want to do is to fit the child for living, so that it may do well its life-work, whatever it may be, and to give it a sound mind and a healthy body, so that it can perform its tasks with ease and pleasure.

Sleep is a very essential thing for the child, and its importance should be kept constantly before the minds of parents. Who has not seen little children from the baby-in-arms stage up dragged out at night to all sorts of things—picture-shows, concerts, and even dances being well patronized. There is no objection to these things in themselves, only the child should not be there. It should be asleep, but the idea that the child must have the same as the grown-ups is becoming far too prevalent. How can any one think that night is the proper time to take a three- or four-year-old child to anything? By that time the child is ready for bed; development goes on so fast in the little body and mind and so much waste material has been thrown off that

it is in no fit condition to have more heaped upon it; but the mother must be amused, the child must be amused, and so out they go. Of course, this does not amuse the child; it only tends to tire and weaken it, and helps to place it later amongst the physically unfit. The child is very easily amused in reality, and if left to itself it shows this at every turn. Give it space and a few simple toys that it can "do" things with, and then it will have real amusement and real benefit. But the fault lies with the parents. The child is the toy of the household. We think we are amusing it when we are gratifying our own selfish desires. We like to see the child dressed up; we like to see it doing smart things; and so with wrong ideas of the whole child-nature we bring it up with wrong ideas of living and of the world it lives in.

A child whose whole idea of amusement and whose whole thought is of self, nothing but the material does it know anything about, and who is to blame? It has been brought up on excitement and amusement; it began when it was a baby; never a quiet moment did it have. When it was in its cradle it was rocked; when in its carriage it was shaken; if on any one's knee it was jumped up and down, then tossed into the air to land no one knew where, and thumped and patted, dandled till one became dizzy watching the performance. The child is formed the same as any grown-up person, and I don't believe we would enjoy all this diversion. It may be pleasant to be tossed into the air, but none of us are anxious to try it. The child should be kept quiet with as little handling as possible. It should have the use of its arms and legs and be allowed to use them freely, and should be allowed to develop itself. Gymnastic exercises for it given by some one else are not required. Nature takes care of all that, and all that is necessary is for it to be allowed to develop in nature's own way, but no such good luck! As it grows older our modern civilization seems to demand still more excitement for it. When Christmas or a birthday or any special occasion arrives, every one, father, mother, sisters, brothers, friends, and relatives, all conspire to give it a good time. The good time usually consists in working it up to the highest pitch of excitement; everything is piled on it; toys of every description, and never-ending, are there for a surprise, until it is so tired and worn out that there is no pleasure in anything for it. The day usually ends in its doing something very naughty, and the parents cannot understand how it can act so when every one was so good to it. One feels sorry for the child with too few toys and too little attention, but the child with too many toys and too much attention is more to be pitied. Too few people understand the simplicity and beauty of child-nature. The simplest thing amuses them; expense and costliness are quite outside its grasp, and we only flatter our own vanity when we heap costly things on it. All this is wrong, absolutely wrong. We must bring up the child so it will develop into the capable man or woman, strong in body and in mind. With so many of our best men gone we must have healthy and capable men for the future, or what will be the result? The past we have nothing to do with now, but we must strive to be the guardians for the health and welfare of the future.

The moving pictures figure so strongly now in the life of every child that it has become a real factor in its welfare. I have no objections to moving pictures for the child, provided the picture shown is of the proper kind and it is taken at the right time to see it. It is such a splendid opportunity to put such wonderful things before the child's mind, that there seems no reason why anything else should ever be allowed. I think all health authorities should take a great interest in the moving pictures, with the idea of getting things put on that are of an educative value, things that will not cause nerve-strain and mental exhaustion, and give the child a wrong idea of life.

Not long ago I went to the moving-picture theatre to see Hall Caine's story "The Deemster" put on. It is a tragedy from beginning to end; the place was filled with children; all ages were there, from the baby in arms up. When a terrible quarrel occurred between two men, a small child near me said: "What are they doing?" The answer was: "They are trying to kill each other, dear." Yes, just the simple little thing of murder and tragedy. A most fitting subject for the child to see! Is that the right thing to put before the child's mind? I do not criticize the play, but I do criticize the fact that children were allowed to see such things. Not only does it see tragedy, but even worse. It often has phases of life put before it that cannot help putting into its mind ideas that lead later on to loose habits of thought and action, suggestive things, that surely lower the standard of living; and lower standards of living tend to lower the race in every way, physically, mentally, and morally.

The child suffers a great handicap from the suppression of its natural curiosity to know things. All life and its problems are before it, and these problems are before the child-mind very

early. It seems to be a prevailing idea that a child's questions should be ignored or answered wrongly. It is true that its questions cannot always be answered, but in cases like that the reason for not answering them should be fully explained, and whenever possible the proper answer should be given. What difference if it does take a little time; there is always time for anything you want to do, and you never can spend time in a better way. The child with the alert, active mind is the one we want to develop, and in order to get the best results we must satisfy its desire to know the reason why. The whole child-life is "Why?" And when it is brushed aside with a "Don't bother me," there is something suppressed in that child which is invaluable. Then, too, it will often do a wrong thing because it does not understand, and very often a good explanation of the reason why certain lines of conduct are wrong will do it more good than a whipping. Not that I think whipping should be done away with altogether, but one should be very sure who is to blame before it is given. The child never forgets an injustice, and I think most of us carry in our inmost minds the remembrance of some perhaps very small thing for which we were punished when we did not deserve it. It has left a scar and a feeling of resentment. We must be just to the child, first and foremost. By that, I do not mean indulgent, for often the most unjust parents are the most indulgent.

So much harm could be prevented by frankness between the parent and child. The parent should explain the dangers that may beset it and give it a chance to avoid them. The child does not know much about the dreadful diseases in the world, so we should be fair and square enough to warn it in time. Prevention is better than cure, even if a cure can be effected, which is not always the case. The child who goes out into the world unwarned and ignorant, and, not knowing, who is led astray, has the right to ask its parents "Why?" You have only to walk up and down the streets in any city at night to see things that appal you. Young girls unescorted and dressed in a style altogether beyond their years and means trying to make themselves look attractive. Their mothers have never warned them; they have gone their own way from childhood, and many a girl that might have been innocent and healthy, a credit to society, is lost to all good, simply because her mother was careless. If parents only recognized their responsibility to the children and were frank and just enough to warn them, society would have fewer outcasts and much less disease to deal with. Not only does the girl need a guiding hand, but the boy as well. Many people forget that the boy has a hard row to hoe, perhaps even harder than the girl. He is allowed liberty because he is a boy, simply because results can not occur the same as in a girl. They forget that there can be awful results, far-reaching and degrading, resulting in loss of health and things that make life worth living. We are allowing the children the liberty of the adult without the knowledge of adult life to protect it. It is often blasé when it is sixteen, nothing left for it to know. Home-life is ceasing to be a factor in our civilization; too many attractions outside. The home must come into its own again; it is essential for the bringing-up of the child.

For the welfare of the child I would suggest singing. It is good for it, mentally, morally, physically, and spiritually. I wonder if the statement that the Canadian child is lacking in musical taste is true. If so, it is largely because it has been ignored as a national asset. Singing should be national. Almost every one can sing if he or she gets the opportunity, and the opportunity should be given to every one. Not that every one should be trained especially to sing, but music should have a very prominent place in every school and in every home. Singing makes a better child. It develops its lungs and puts into that child a something that is indefinable, but which we have all felt and which we all know. "The man that hath not music in himself, nor is not moved with concord of sweet sound, is fit for treasons, stratagems, and spoils." Let us try to put into every child's mind the memory of sweet song; let us have music as a necessary part of the development and training. No crimes are committed with songs on the lips; song is the accompaniment of joy and happiness, brave deeds, and noble impulses, and to me seems a most necessary thing in the full development of the child nature, which we all know is very complex, and which must be considered on all its sides; and, while not forgetting the physical, we must remember that it depends to a very large extent on the development of its other nature, mental, moral, spiritual, and æsthetic. We are not developing merely the animal, but something made in the image of God, and so this many-sided problem must be faced; and it is the study of a lifetime how to make the world a good place for the child to live in; how to fit the child to live as a child first, then as an adult capable of performing in the best way the various duties of life. We don't want the child just to be good; we want it to be good for something.

Too much cannot be said in favour of our public schools, and every advance made is of incalculable value. Although children are born in all kinds of conditions, here at last they are on an equal footing: here there are neither rich nor poor, high nor low, no class distinction. They are all children together with the same instincts, the same love of play, the same everything. Here is where the child gets his chance, rich and poor alike, and so everything tending towards the betterment of the school is well worth while. It is coming about that the bodily development is considered as important as mental development. We are realizing that the mind must exist in a healthy body to give the best results. There is a great deal to be done yet, for we have not yet reached the point where all may get attention free of charge if necessary. Many a child still has to bear the hardships incident to defective teeth, enlarged tonsils, the existence of adenoids, and many more diseases that react upon its mental improvement. Probably the greatest problem that the Medical Inspectors of Schools in towns and outlying districts have to meet is the impossibility of getting the teeth attended to. Dentistry is very expensive, and it is simply impossible to have teeth attended to when there is a large family. It is not much use to send the notice to the parents, "This child is in need of dental attention," when you know quite well there is not money enough to buy food and clothing. It almost seems as if the old saying, "Where ignorance is bliss, 'tis folly to be wise," would fit here. We are all looking forward to the time when we will have dental inspection as a necessary part of our school-life. So many ills are put down now to diseased teeth that one has to keep very sane in order not to become quite panicky when you see hundreds of children with diseased teeth, and you wonder if they really are all going to the bad.

There is one thing in connection with teeth that I would like to say, and I will give an example of what I mean. A boy aged about eight years was found to have no teeth, either above or below, on either side, beyond the canine teeth. When asked what happened to his teeth, he said that a doctor in a certain Prairie town had pulled them. "They were aching," he said, "and the doctor thought they might as well come out." "Was there not a dentist in the place?" was asked the boy. "Oh, yes," was the reply, "but the doctor always pulled our teeth." Yes, he pulled them all right, six-year molars and everything else. He made a clean job of it, but if he had seen the misshapen jaw I am sure he would not be very proud of his work. That child did not get any teeth for years. It is true this was worse than is usually found, but too often the six-year molars are pulled, and not often by dentists either, so I feel like criticizing the medical profession on this point. The six-year molar is the most important tooth in the mouth; it is the key of the arch, and should be saved whenever possible.

Goitre is one thing I see no hope for. It is very prevalent in Nelson; 180 cases were found in our schools last year, and there are probably as many more in children under school age and adults. No bad results have occurred from it. It seems to be all of the simple kind, but it is very disfiguring, to say the least, and any theories or knowledge of its cause would be very welcome.

In concluding, let me thank you for the privilege accorded me of reading this paper and for your kind attention.

DISCUSSION ON DR. ARTHUR'S PAPER.

Mr. Biker (Nelson): I wish to congratulate Dr. Arthur on her very capable and very broad view-point expressed in her paper. While I am only here as a layman, practically, among a crowd of doctors, I feel tempted to have nothing to say; but I can give you my view-point.

I might say, with regard to the curriculum in our schools, I think this subject might be included. Another salient point is that we have the future in our hands, and we ought to be able to handle that. How many of us as parents warn our children of the conditions they have to face? This is rather an important point.

I would like to hear more with regard to the question of goitre. I believe we have an awful lot in our town; this disease is very prevalent in the higher altitudes, and I believe about 90 per cent. is found in the altitude between 10,000 and 15,000 feet. I would like to hear more on that.

Dr. Petersky: First I want to congratulate Dr. Arthur on that paper. I think it is the most important paper on the programme. In my experience I have found that the ignorance of the people in this Province is appalling. To illustrate that: I had a little child in my care, the son of the Stipendiary Magistrate, who is supposed to be a man of judgment, and when food

was kept from this child for twenty-four hours, this man said he wasn't going to have that baby starved. After he saw the attack was cut short, he did have the grace to apologize.

With regard to the inspection of schools, I have inspected schools in a country district principally around the Cariboo, and I find teachers as a rule—though some of them are polite to us—they think we are a blamed nuisance coming and interfering with their work. That is the way they look at it. The average teacher is just as ignorant as to why schools are inspected; they didn't read the pamphlet sent out by the Government, and not a teacher was conversant with it until I carried out the system adopted afterward, of giving them one week's notice, telling them it was their duty to read it as a teacher, and they had certain duties to perform for the School Inspectors, such as examining the youngsters' eyes, and they could find out certain things which would come under their notice, such as a limp, or curvature of the spine, and it was their duty to look after such things as well as the education of the child. They think they have only to teach that two and two make four, etc. I think the Health Department ought to take that up and make the teachers realize that this is a very important branch of their work, and they may treat the School Inspector with a better spirit.

Then you take the average mother; that is a point to which I have given some thought, and although the general public limit their powers by making the laws of health, etc., I think the average mother should have a certificate that she has the education to fit her for her position. For instance, she should know enough about cooking not to poison her husband, and she should know enough about mixing various formulæ of milk in case it is necessary, and also know what disturbances may be caused in the stomach.

Personally, I haven't any children yet, but if I have I shall consider I have to put in my time to look after them; and as to entertainments, one of the parents—fortunately there are two—will have to stay home to look after the youngsters. I would not trust a child of mine to any nurse. In some cases children are left in the charge of women who drink, and what can be expected of the children if they have such a nurse for an example?

It is all very well for us to get together here and read papers as to what we ought to do, but how are we going to get people to believe we are not faddists and not carried away by our impulses?

Dr. Arthur suggested singing. I might carry that point a little further, and say any innocent amusements that will occupy their time; and for the parents, I think it should be made compulsory in the high schools and Normal Schools particularly that teachers should be obliged to take first aid and should be taught to respect the Medical School Inspector.

Dr. Vrooman (Medical Superintendent, Tranquille Sanatorium): I think Dr. Arthur's paper deserves much praise. I do not wish to take up much time on this question of "child-welfare," but there is one suggestion I should like to have taken into account—that is, the education of the parent. The parent cannot be educated by the physician, except partly. A great deal has been done in this city by the Child-welfare Committee, the Babies' Hospital, etc.; incalculable good is being done. Why not extend that beyond the City of Vancouver? Why not extend it into the rural districts by the appointment of nurses who will go to the rural districts and educate the mothers? We are not educating the mothers by making laws; it is a woman's influence with a woman that counts. A sympathetic nurse can do more than a medical man, and I think one suggestion arising out of Dr. Arthur's paper is that nurses be appointed for the rural districts in British Columbia.

Mrs. Clark: May I ask a question as to the point about goitre? It is a prevalent idea that water has something to do with it. I had an examination made of Vancouver water, and a physician said it would be advisable to give my children a small quantity of lime-water each day, and I did so; but very few mothers know about that, and many have asked me if the lack of lime did not cause goitre.

The Chairman: I was going to ask Dr. Young to give statistics on goitre later on.

Dr. F. W. Brydone-Jack: I had great pleasure in listening to the paper this morning, particularly the non-medical side of "child-welfare"; and then again the practical application with regard to dentistry, the prevalence of goitre, and the education of the parents.

In connection with the education of teachers, I think that could be arranged in Normal Schools by having lectures given on "child-welfare" by some doctors at some time suitable to the principals of the colleges.

In connection with the child-welfare movement, when down East this summer I saw the well-organized plan in Toronto. Whenever a child is born its birth is registered, and the Mayor sends a card of congratulation, telling of its value to the State. This contains a pamphlet of six pages describing methods of feeding, and illnesses, etc. It has twenty-eight child-welfare clinics, and a staff of nurses doing prenatal work in these child-welfare classes, and then the visiting of the school-children. In connection with births in the public wards of the hospitals, it is almost compulsory that these matters be attended to. Dr. Brown has charge of this work for the City Health Department in Toronto, and also the present head of the work in the Children's Hospital there. When a mother leaves the public ward she has to take the child to the child-welfare clinic once a week for measurement, weighing, diet, etc. If the mother neglects to do this—at the present time they can almost compel her to do it—they take the matter up in the Courts as a mother being neglectful of the child. But the majority of women take the children to the clinics without any trouble.

I think in New York there are about fifty-seven clinics, in Montreal twenty-eight, and they are spreading all over the country here. In Toronto they call them infant-welfare clinics, but they are child-welfare clinics because they look after children up to school age, and many defects which are found usually in children after entering school are in this way remedied before they come to school, because most of the defects found, as you know, in school-life should have been remedied two or three years before the child came to school.

Dr. Stanier (Medical Inspector of Schools, Oak Bay): I was much interested in Dr. Arthur's paper, and I hope she will let me have a copy of it, as I would like to take it home. Of course, by the very nature of that paper, it is sketchy. What I think would do a good deal of good would be something along the line of fiction, giving more intimate details of the bringing-up of children. There is no more popular book than "Helen's Babies" to show that a child should not bring up its parents. I think many of the clever writers to-day would be able to write something that would be humorous and well read by many mothers who are perfectly willing to know something about children, but do not like to be educated in the strict child-welfare way; but much that is informing could be introduced into a work of fiction, that perhaps would take up the first year of a child's life, or perhaps up to two or three years of age, and, later on, the school-life. Nine out of ten children born, I think, are born healthy, even if the parents are comparatively unsound; if properly fed and looked after the first year, they will grow up strong and healthy citizens and overcome tendencies to disease if properly handled during the first year or two. What the last speaker said about clinics is important, but I would like to see something written along the line of fiction, and I am sure it would be a book widely circulated and read.

I haven't time this morning to criticize much, and there is very little to criticize. With regard to teeth, I have seen a number of young children with their milk-teeth practically gone. There is a theory that the sticky white flour is responsible for it, or eating sugar at night. About the only instructions I give to parents about these things is not to let a child eat sugar after supper, or to thoroughly clean the teeth after doing so. I know the use of sticky, fine white flour produces decay and tends to disease much more than we are aware.

Dr. A. G. Price (Medical Health Officer, Victoria): I think we ought to be congratulated on having the opportunity of listening to such a valuable paper on "child-welfare," so very full from beginning to end. It is only twenty-four hours ago that I was attending a meeting at Victoria, where we are starting late, but we are starting a child-welfare campaign. I only wish this meeting had taken place a few days before or our meeting a few days after, so that I might have had the advantage of this excellent paper. It is so very full that to touch on all the points would be impossible in the time given, but one point I am rather interested in and would like to touch on is the prenatal child. I do not think that enough importance is placed upon this point. Only the other day I had a letter from Dr. Hastings, of Toronto, asking for information about the child-welfare movement in Victoria. I gave him the information, but finished up by saying, "You have got hold of the wrong end of the stick—you must get at the prenatal end." If you look through the statistics of the different cities—I know Victoria better than any other city—you will find an enormous death-rate among children under one year old, due to still-births, premature births, and malformations at birth. I can tell you, out of 101 or 105 of the infant deaths under one year old in Victoria last year, I think seventy-five were from prenatal causes—still-births, premature births, and malformations which we are in our present state of knowledge not able to account for. We know this: that maternal impressions are carried on to the offspring.

For illustration: In one case where a baby was expected in about five months' time, the mother was in a crowd, and a man came up and drove his elbow in her chest and made a dent and a red mark. The baby was born with that dent and red mark. It is a deep dent which with a little excitement gets red. Another case, just for illustration, is this: An expecting mother came to me with a little boy who had been rolling a hoop and had fallen on the hoop and cut his lip. She was in dreadful distress lest her baby should have a split lip. I laughed at her, to prevent her having the impression, but when the child did arrive it had a split lip in the same place where the older child had been cut by this hoop. I know of another case, where a butcher was lifting a piece of meat from a hook, and the hook fell and tore his face in a horseshoe cut. His wife at one time had broken her finger at the top joint. Three of their children had no top joint to the finger, and two girls had a horseshoe mark on the face.

Mental defects are carried down in the same way, and it is most important, I think, when infants are on the way, that expecting mothers should have some instructions. I would say that girls before leaving school should be given some instruction on how to live at that time, both mentally and physically. I come across many cases where the unfortunate mothers are out at work—husbands are ne'er-do-wells and the women are working for their daily bread. What can you expect to see in the offspring? I think this question should be brought up very fully.

There is one book I advocate in Victoria; I got it from the Provincial Department; it is published by the Metropolitan Life Insurance Company, and given away free, called "The Child." It first gives the prenatal treatment; the mother, her treatment; and the treatment of the child from the first, its feeding, etc. It is a very small book, but I have advocated that it be placed in every public school in British Columbia, in Canada, and in the British Isles. It is a most useful book, and unless you give the mother something to read she will forget what you tell her.

I wish to thank Dr. Arthur for her excellent paper.

A delegate: I think we should congratulate ourselves on having Dr. Arthur here, opening up new phases of child-welfare. In our schools, if we were in touch with the boys and girls on the fundamental principles of life, when they get out to work, they would have this knowledge to guide them, and I think a great many of you will agree with me that if this were done a great many diseases and imperfections in our children would be eradicated. The State would not be called upon to keep these children and we would be a better nation. To my mind this is the fundamental principle that we should carry out.

Mrs. Clark: I was convenor of the better-babies contest a few years ago, and we found a great lack of little pamphlets to distribute to the mothers. We were absolutely dependent on the Metropolitan Life for our literature, and we have thought since it would be an advantage to have the Provincial Government publish some little pamphlets to be distributed at such a time, when so many mothers and babies are congregated together.

Dr. Young: Our intention is to distribute as much literature as possible. The baby contest in the Province was a new feature, and there is now a pamphlet pertaining particularly to these points under publication which will be distributed very widely, especially through Women's Institutes.

Now, in reference to goitre, I found when I went into this some two or three years ago, in conversation with medical men, the question of goitre came up, and I took the matter up at the time, and called it to the attention of the Medical Inspectors, asking them to pay particular attention to it; and from their reports during the years 1915 and 1916—unfortunately our inspection was not carried out during the past term—but up to the beginning of the last school term there were 1,633 cases of goitre on the school reports. This is not by any means the number of cases in British Columbia, but a report simply of the children of school age; and it was very alarming. It was not confined to any one district in British Columbia; I found it from the north to the south and from the coast to the east border. Through the Okanagan the percentage of cases was probably much higher than in the other districts of the Province. I took the matter up with the medical profession in general, and asked the Victoria Medical Association and also the Vancouver Medical Association to conduct some investigations along these lines; and the Vancouver Association kindly took the matter up at my suggestion and appointed a committee; and I had an interim report from them, saying later in the season they expected to be able to give further data with reference to the matter.

In the course of investigations I found not only humans affected, but animals, very much affected. I took it up with Dr. Haddon, of Agassiz, and he confirmed this; and Dr. Tolmie,

Dominion Veterinary, asked me about it, and I gave him some figures I had, and he agreed that it was very alarming. He informed me that the existence of goitre amongst animals was so serious that it meant a very great economic loss, and he was asking the Department at Ottawa for sufficient funds to conduct an investigation.

The percentage of cases among the population of our Province is probably not greater than we should expect in a Province like British Columbia, where we have a shifting population. Following the knowledge I obtained in the reports, I wrote the Medical Inspectors and asked for their views, and they are agreed as to its prevalence; but unfortunately, owing to the carelessness of the profession, they did not pay any particular attention to the matter other than the fact that they regretted the condition, but I got what information I could from them with regard to their private practice.

There does not seem to be any consensus of opinion as regards its source or origin. The theory of water-inspection was applied generally to the Province, as we are a mountainous country and the source of our water is glacial, snow-water. Whether it is microbic or not, I hope to be able to ascertain. It is a matter to which the profession should give particular attention. It is alarming. There seems to be after puberty a decrease in the number of cases. We are not peculiar in the existence of goitre here, but probably in its distribution. In other countries and in the East they have these epidemics of goitre from time to time, and I wish the medical profession would keep this in view and try to arrive at some solution and advise the Department.

Mr. Biker: I believe we have localized within the District of Nelson over 400 cases in adults and children. Here, in my opinion, is a specially localized field, and I think, when an investigation is being made, we should have some investigation in Nelson, as we have so many cases.

Dr. Wrinch: I think we should be able to obtain some concrete results from this conference, which should be made as valuable as possible. With regard to disseminating information to the young, I have been pondering on that question for a moment after listening to this very full paper, and I wondered if it was sufficient to instruct the high-school pupils on questions of sex, maternity, etc., also on diseases. Would it not be possible to use our present organization of school examiners to speak upon these all-important matters to both sexes during adolescence and early adult life? I fear it would not be sufficient to wait until the children are in high school, because a great number do not attend high school—a large proportion do not; we must reach them earlier. Could not some arrangement be made whereby children could be taken by the Health Inspectors in the Senior and Junior Fourth classes before they scatter, taking the boys and girls separately and lecturing to them as to the evils to which they are liable? It is very important that they should be taken separately and that the instruction should be given by medical teachers and not by school-teachers.

In order that the information should be along the right lines and as carefully condensed as possible, perhaps the Department, by means of a little committee called together, could arrange a pamphlet of instructions to be given to Health Inspectors, outlining a course, so as to make the teaching uniform. These are just suggestions that have occurred to me as possible, whereby practical results along these lines could be obtained.

Dr. Isabel Arthur (replies to discussion): I think the greatest difficulty that I have found is to get the people to hear any papers or lectures on this subject. Several times I have advertised that I would give a talk on certain matters. When the time came I would look at my audience and I would not see a person there that I wanted to be there; that is, people who should be there were not there, and the people who were there already knew. I think it would be a very good idea if the Medical Health Officers were to publish in a weekly paper an article on "Child-welfare." It would not be a very hard matter to write a small article each week, and in that way get a great deal of information before the public.

As to the question of teeth, I have found in examining the schools that the Chinese boys and girls seem to have better teeth than our boys and girls, so I presume it has something to do with the food; whether it is sugar or not I do not know, because I do not know whether or not the Chinese are sugar-eaters.

About the difficulty between Medical Inspectors and teachers: I have not found any difficulty along that line. I think one has to give the teachers credit for being very reasonable and rational

in their treatment of the Medical Inspectors. I have not found the teachers in the schools I have had anything to do with anything but reasonable and rational, and they do everything I ask them to do.

I think the suggestion that a pamphlet be prepared by the Government as to teaching in the schools, public and high, is a very good one, and I think it would be a very good way to get the knowledge before the children.

The Chairman: Ladies and Gentlemen,—I have received a communication which I will read. (Reads communication from Dr. McKay Jordan.)

NOTE.—It is moved and seconded that it be laid on the table.

The Chairman: It has been moved and seconded that this be laid on the table. All those in favour say "Aye." Contrary, "No." The motion is carried unanimously.

The Chairman: I will now call on Dr. B. D. Gillies for his paper.

DR. GILLIES'S PAPER.

(The Provincial Board of Health regrets that they have been unable to get a copy of Dr. Gillies's paper at the time of going to press. They have, however, included in this report an account of the discussion on the subject-matter of "Mentally Defective Children.")

Dr. Margaret Pitcairn Hogg (of Victoria): I have listened with a great deal of pleasure to Dr. Gillies's paper. This subject is of particular interest to me, and I think there is a crying necessity in British Columbia that some institution should be formed for these people. I was Resident Medical Officer in such an institution near London, which supplied the needs of all the schools of the London County Council and several counties. We took these children from the age of about four or five, before they reached the school age, and kept them until they were sixteen, segregating boys and girls in different houses. They all attended school and each child had individual training. I think some provision should be made to show that they should not be allowed to go into the world to swell the army of unemployable. We have 2,000 acres entirely run by the boys from our schools. In British Columbia, where there is so much waste land, it would be a splendid thing for these children and adults to be put on a large farm and properly trained, as Dr. Gillies so aptly puts it, and keep them in proper associations as far as possible.

Dr. Turnbull (South Vancouver): I wish to speak in appreciation of the paper by Dr. Gillies, and to say that the points as uttered in his paper express my opinion very clearly in almost every particular. During the last year I think I have had seven cases come to me, most of them in families who have little of this world's goods, with some of the members of their family mentally deficient. Three of these cases could only be sent to Westminster Asylum, and that is not very satisfactory. Three were children; I scarcely think that is a proper environment for them. In two cases the mothers were dead and there were no friends to take them. We tried sending one to the Salvation Army for a time, but it didn't work out very well. The idea of a farm seems to me the proper idea. The Provincial Government, I believe, has had this under consideration for some time. I myself have written them, but they said they were unable to see their way now to do this, but I think they intend to take some steps in the near future regarding this matter.

Dr. J. H. McDermot (Vancouver): I just wanted to speak on one phase of the subject that Dr. Gillies did not bring in in his paper. We have enjoyed the paper very much, I am sure, and, as pointed out, there are a great many things we do not know; but there is one point that I think has not been touched upon very much, and that is the border-line cases as they appear in our schools.

Some little time ago there was some question as to establishing classes for mental defectives, and I tried to collect some data from the teachers, asking for the children in their classes. There were quite a number of names handed in, and I took each one of these pupils and examined them. We found there were more backward children than actually mentally defective children, and the trouble was due in many cases to defective tonsils and adenoids, and when these cases were properly treated a great many of these pupils came back to the class and kept up in the way they should be going.

When these children were eliminated the number of mental defectives in our city was found to be too small to institute a special class for them. Of those children who are left, they are in some cases children of alcoholic parents and of people who should not be at large, as far as we can make out; at any rate, they should not inflict such progeny on the community, and [illegible]

question is, how is this thing to be controlled? I would like to hear from Dr. Gillies something along that line.

Mr. Biker: I wonder if there is anything in the view-point of the number of children in a class in school? In some cases there are forty-five or fifty pupils in a class. How is it possible for a teacher to attend to that number if 20 per cent. are backward children?

Dr. Stanier (Victoria): Victoria City has a class supposed to take care of mentally defective children, but there is no compulsion to take them out of a regular class and put them into this class for instruction. No doubt the education is much better carried out along the kindergarten lines than along ordinary rules, and I think it would be well to establish a farm colony. I find the trouble is the parents are often mentally defective also, and you have great difficulty in convincing them that their offspring are not right. It is upsetting the class, having such children in it, and I think some compulsion should be brought about; it should not be optional with the parents whether the child be sent to school or to the class for mentally defectives, or the farm colony.

Dr. Petersky: I am very glad the last paper has taken up that point. I think it is a most important point. I think this is up to the Health Department. The teacher should be made to report children who stay more than two terms in one class. There should be an investigation by a medical man to find whether the child is mentally defective or not. If the child is mentally defective, it should be removed to a special school or institution where the others are in the same fix and the grades are standardized. In other words, it creates the environment Dr. Gillies spoke of. There are some boys and girls who have a tendency to be mischievous, and if put among thieves they become thieves. I think we should take this matter up; it seems to me the Provincial Government are neglecting the Health Officers' Department shamefully in a way. You cannot make the ordinary layman see that it is important.

Dr. F. W. Brydone-Jack: It gave me great pleasure to listen to Dr. Gillies's paper. Personally, I want to see action on this sooner than on anything else that may be brought up here. In Vancouver we have twenty-four children attending the mentally defective classes. There are in addition about fifty in Vancouver who should be attending them. We cannot get enough teachers to handle them; the School Board has not seen its way to appointing a sufficient number to handle the whole feeble-minded proposition in Vancouver; but in regard to sending children to the class, the Municipal Inspector has the power of defining the school which any child shall attend, and if we report to him that a certain child in a certain school is mentally defective he can tell the parents that he assigns the child to this class, and the law supports him. We have only given that power in a few occasions, as we haven't enough teachers to look after the number we have here.

I think the educational authorities can look after the education of the feeble-minded children up to the age of twelve or thirteen years. After that they become a harder problem to deal with. After girls get to that age, we from time to time have them in the Law Courts for having been taken unfair advantage of by men; we had two or three cases last year, and a case the other day, and it is up to us to look after these children. The only way to protect them is to put them into an institution such as Dr. Gillies has suggested. We can teach them manual training and domestic science and make them self-supporting, but they should have constant supervision. In the Old Country they find turning them loose in the world is wrong, because they do not attempt to remain employed and become criminals. We could keep them in a colony farm, where they could be self-supporting. At the present time they are turned loose on to the community at sixteen or seventeen and they become troublesome, and may later become criminals. A number of parents have approached me and asked if it could not be arranged to have the Government take charge of their children: they know they cannot handle them, and want Government control, as that is the only way of looking after them properly.

When in Toronto in July I had a talk with Dr. McMurchie, mentioned by Dr. Gillies, regarding the farm-colony control of these children, and she suggested that in British Columbia we should start in a small way, say in a good-sized house having eight or ten girls under a suitable matron, and then, as the fund increased, more buildings, and then have the farm-colony principle.

Mrs. Clark: Speaking for the Local Council of Women in Vancouver, this question has been of vital interest to us for some years, particularly since the beginning of the war, and last June we had a very able paper, and a resolution went forward asking that such an institute

as mentioned be established in British Columbia, not for the Dominion, but one for our own Province.

Dr. B. D. Gillies (replies to discussion): I do not think we should leave these children or throw them on the public at the age of sixteen. This is especially the time we want to have hold of them. They are ready then to go out and propagate and everything else, and just carry on what we are trying to control; and it is most essential that the Government should have permanent control of these people. We make them self-supporting; they are self-supporting in a proper environment, but they should be kept under control.

There are a lot of things that one could have touched on, but it was utterly impossible for me to have prepared a paper of that character. I know it was deficient in many respects. I cannot deal with the method of organization of caring for these cases, but if we have a place where we can treat them, we will find out those deserving of such treatment.

I wish to thank you for the way in which you have received the paper.

Dr. Turnbull: I would like to make a resolution—that the Medical Health Officers and Medical Inspectors draft out and present a resolution that the Government should take steps to make some arrangement along this line.

The resolution was seconded and carried unanimously.

The Chairman: I will now call upon Dr. Stanier for his paper.

VACCINATION.

By F. T. Stanier, M.D., C.M., Medical Inspector of Schools, Oak Bay, B.C.

Mr. President and Gentlemen,—I believe I am called on to read a paper on that threadbare subject, "Vaccination," because as Inspector of Schools in Oak Bay Municipality I was fortunate enough to have a Board of School Trustees sufficiently enlightened to take my suggestion during the recent outbreak of smallpox, and under the "Health Act," section 7, subsection (11), compel every pupil attending either to be vaccinated or procure a certificate of exemption before they could be admitted to the school.

The Victoria Medical Society had previously passed a resolution that the fee should be $1. The children were told to apply to their own medical men and were given three weeks. Toward the end of that time I attended at the schools and vaccinated a few who had no doctor who brought their dollar with them, and a few more who wished to be vaccinated but had no dollar. The conscientious objectors numbered more than I expected, noticeably among the poorer and more ignorant parents, many of whom were worked up by the usual extravagant letters to the papers by objectors who quoted horrible instances of infection; all of which occurred at remote times and places, and were past disproof, but not without influence.

I found that the giving of certificates of successful vaccination was not being carried out, and not to make too much fuss I examined many who had been vaccinated and had not got certificates, and in doing so I was struck with the many different ways vaccination and the after-treatment of the sores is done, and this paper is a plea for uniformity in this little operation.

One man makes four marks, another three, and another only one. One doctor puts on a shield, another a great thick dressing of cotton wool, and a third neither washes the arm nor puts on any covering. It is immaterial whether vaccination is done on the leg or the arm (one pretty little maid showed me her thigh—"We put it here in France," she said), but four, or at least three marks and an after-treatment that allows them to go unbroken through the vesicular and pustular stage are essentials of successful vaccination.

To cut this paper short, I will tell you the method I employ and the reason. The subject is then open for discussion.

The child is instructed to be clean and have clean underclothes. I wash the site chosen with plain water and a piece of absorbent cotton and dry it with absorbent. This, of course, is no more than burning a joss-stick to surgical cleanliness; but I ask you, if you took a thousand healthy, clean children and pricked the three marks without vaccine, how many would become infected? I next squeeze out the vaccine in three places, if the arm is fairly large, in a triangle, two above the insertion of the deltoid and one below. On a thin arm three vertically in that neighbourhood at least 1½ inches apart. Then with a sharp-pointed needle that can be sterilized in a spirit lamp flame make about eight or ten very superficial stab punctures on each mark and lift the epidermis with each puncture. It is quite painless, much quicker than scarifying,

much surer to take, as no blood is drawn and very much less danger of immediate secondary infection. There is no waiting until it dries. The clothes are pulled down and out goes the patient.

I tell them it must be kept dry until the scab comes off. The only dressing allowable is a piece of soft linen sewn inside the sleeve of the undershirt. Almost any dressing more than this will cause the pustule to sweat, soften, and break down into an open ulcer, with liability to secondary infection; and, worst of all, the protective serum that is grown under that hard scab with the intention that it should be absorbed into the system in sufficient quantity to give protection (for that reason at least three marks) is discharged in the dressing, and though the scars remain to show vaccination, that patient has very little more protection against smallpox than the unvaccinated, and if an epidemic occurs goes to swell the statistics against the value of vaccination.

The method described has been used for some time in the military camps in Toronto with a more elaborate antiseptic preparation of the arm. I have no doubt many of you have tried it and can endorse my claim that it is easy, quick, sure, and painless; and if no dressing is permitted, the scabs allowed to harden, and the serum formed in the vesicles to be absorbed, the protection afforded will be much greater than obtains with the present haphazard methods.

This little operation and its results are seen by the public from start to finish, and when you are asked, "Why does Dr. S. only make one mark and put a thick dressing on it?" it is not going to add to the professional amenities or the public confidence to explain your theory. For that reason, if this meeting sees fit to endorse this, or any better, method of vaccination, I should like to move that a memorandum of some uniform procedure be sent to the medical societies for discussion and adoption.

DISCUSSION ON DR. STANIER'S PAPER.

DR. A. G. PRICE (Victoria): In opening the discussion on this vast subject, I feel like one plunging into the ocean, rough on the surface and filled with submarines underneath, because it has been a subject which for years has been under discussion by the general public—the subject of vaccination. But I do not need to plunge into the ocean. I have to thank Dr. Stanier for throwing out two lines—as I am in the sea—to rescue me from getting into the deep. These are, first, the law in relation to compulsory vaccination; second, the methods of procedure in vaccination; and I will try to connect these two.

The section referred to is section 7, subsection (11); that section states that all children attending public schools shall be vaccinated or shall give a certificate of exemption. This law, unfortunately, is not enforced. Why is it not enforced? Because of the second part, as to giving a certificate of exemption under the conscience clause, where the parent of a child may come and say that he objects to vaccination under conscientious scruples. A man told me: "I don't care a rap about my oath, but I am not going to have something injected into my child." Now, that man was both ignorant and immoral—immoral because he did not care about his oath, and ignorant because he did not take pains to find out just what it meant. About 80 per cent. of the parents are anti-vaccinationists. It is either a case of ignorance or prejudice because they are proud. They are ignorant in that they have not given any time to study the matter and have heard the tittle-tattle of other people, and are carried away with the rubbish you see issued by the anti-vaccinationists. They judge the case before they hear it. They have made up their minds that so-and-so didn't get smallpox and were not vaccinated, and what is the use? They are prejudiced and they are proud. Some people say: "We are Britons. We do not submit to our liberty being taken." The word "compulsion" is much against the feelings of a Briton. But in a case of this kind, if they can only be educated in this matter and can understand more about the uses and the protective properties, they would waive their idea of lost liberty and have their children vaccinated. With the conscience class that is in the Act we will never be able to compel children to be vaccinated. The law should be passed that they should be vaccinated or produce a certificate from the parents.

We now come to the method which Dr. Stanier mentions. I am afraid it is due to wrong methods that a great many anti-vaccinationists have some ground to stand on. I am afraid there are a host of medical men—I do not say so in this country, but I am speaking now of my own country, Ireland—I remember when we started vaccination as students a good many years ago, we were shown into a large room in the vaccination institution of the City of

Dublin, and we would have perhaps fifty children down one side of the room and an equivalent number on the other. One lot of children had been vaccinated the week before; the others were the new children to be vaccinated. As you probably know, Dublin is a very poor city, and the mothers would come out the same as though they were going to church to have their children vaccinated; they would put on their best clothes or borrowed clothes, and no idea of asepsis at all. All stood there together—children brought from anywhere. It is hardly an exaggeration to say that in some cases we had to look for their arms under the dirt. I am afraid in these cases it would not be simply a scratch on the arm without having some washing or some antiseptic used first, but the worst of the performance was we would take the serum from one arm, with no question as to health, and walk across the room and stick it into the arm of a child on the other side. They would come back in a week's time, some with bad arms, but we did not see them after a fortnight's time. This is an extremely bad method, and the anti-vaccinationists had some grounds to stand on, because they would say: "We are inoculated with impure vaccine and the children have bad arms." That is quite true, and the mothers were not told how to treat the arms.

In order to safeguard ourselves, I think we should be very very particular about the asepsis of the arm. We should be particular also in telling the parent how to treat them afterward. First of all, if you do not tell the parent how to treat it, and if you do not cover it with something, they will look upon it as a mere scratch and continually look at it, finger it with dirty fingers, and you have trouble before the week is up.

As far as antiseptics go, I never used antiseptics that will remain on the skin, but I always swab the section with ether or alcohol. That completely evaporates and leaves no antiseptic behind which may destroy the activity of the vaccine virus; but it is better to always use thorough washing before scratching the skin.

Then, as to the number of marks you put on, I think there, again, circumstances alter the cases. Efficient vaccination I think requires three marks, but you might come across a very small child, with an arm so small that there is not room for three marks on the arm, unless they are all in a line, and they would take up the whole length from the elbow to the shoulder —very emaciated arms. I think, in a case like that, efficient vaccination with one or two marks will continue for a year or two or three years, and after that they should be revaccinated when coming to school age. If you can put on three, that is the English number—four are required now—all the better; but I do not think it is wise to make four marks on a child whose arm is so small.

As to the putting-on of cotton-wool, I always scorch a piece of cotton-wool, hold it to the fire until is charred, and put it on with three pieces of sticking-plaster. I do not put it on thick. Sticking-plaster must not encircle the arm; but this impresses the mother that a surgical operation has been performed, and also keeps it clean; it also protects it from being scratched or knocked in any way while the child is about. You also tell the mother not to look at that mark under three or four days. You also tell her under no circumstances to get it wet, for if it is wet the wool, of course, turns to a poultice and softens the skin, and you have a much worse arm. The heating of the wool can be obviated by not getting too much wool on and telling the mother not to put heavy clothes on the child.

If there could be some uniform method of conducting the little operation it would be a very advisable thing, because I am afraid there is a great deal of diversity in methods and other neglect, sometimes for the asepsis, and we have inflamed arms, and the parents object very much to vaccination, and they have a foundation to stand upon in that case, so that it helps to swell the crowd of anti-vaccinationists.

Dr. Brydone-Jack: In our public schools not more than 10 per cent. have been vaccinated, and I think it is getting worse every year. If smallpox should come along we would have a bad time, the same as they did in Montreal, where they had many deaths when smallpox came upon them. I think it would be well to make them produce a certificate of successful vaccination or produce a certificate from a Magistrate under the protection clause.

Dr. Large (Port Simpson): We have to consider that a great many people say of the efficacy of vaccination as they say of the efficacy of many other things, "Well, we have been free from epidemics in the past and do not think we will have them now." I have been here for about twenty years in the medical profession and have vaccinated quite a number, but I have yet to treat a case of smallpox. While we referred to the Montreal epidemic, there were

two things to be considered—lack of vaccination and proper precaution to isolate these cases. A great many people firmly believe in vaccination, but say there is so little risk of smallpox spreading under the stringent regulations at present that conditions have altered, and when it comes to a question of putting three or four scars on the arm, they object very strongly to that, under the present conditions.

Dr. Isabel Arthur: I think the only way is to have an epidemic and every one will be vaccinated. In our town a few years ago we had an epidemic of chicken-pox, so it was reported, and at last some one conceived the idea of smallpox. Children were in the schools—I found it everywhere—they were not ill; but some symptoms appeared like smallpox in several cases—many did not. In the whole course of the epidemic there was no case in which there was secondary fever, and there were no deaths. I vaccinated many children who had certificates of conscientious scruples against it, and I would rather in that case have had the disease than the vaccination and its attendant results. If that is smallpox it is changed materially, and we ought to destroy all the information we have in the text-books on smallpox, because that wasn't like anything I had heard of.

Dr. Petersky: I didn't intend speaking on this paper at all, but a few remarks of Dr. Large brought me to my feet. Every one of us who believes in vaccination is, I take it, vaccinated. Personally, as a Medical Health Officer, I believe in the various health laws I am called upon to perform. I believe in the theory of vaccination; if I did not, I would not attempt to carry out the Vaccination Act. I believe in it so thoroughly that I have a feeling, if I heard of any smallpox around in the community in which I am living, I would immediately be vaccinated myself, as it gives me a feeling of tranquillity, and these little scars are nothing; you might fall down and cut yourself and have a scar for life, and look what the other scars do. Any medical man who has followed the theories of bacteria and vaccination in general cannot help but believe in the theory of immunity. I think this conscientious objection should be entirely eliminated from the Act.

The Chairman: I would like to give you a warning. We are going to have an epidemic of smallpox with 30 to 40 per cent. of deaths some day. I was brought up amongst smallpox. We have had nine officially reported cases of Asiatic smallpox with three deaths this year in the City of Vancouver; some of the patients said they had been vaccinated, but they had no scars or marks. The disease was brought in on a boat from the Orient. This is not the first time we have had this form of smallpox in Vancouver. Where you have an organized Health Department you have some opportunity of dealing effectively with this or any other disease, but where the Health Department is small and inefficient it is not so easy.

Some time we will have smallpox in this country if the people are not protected by vaccination. We tried several years ago to carry out the Vaccination Act in this city, but owing to the *furor* created by the anti-vaccinationists, and thanks to the conscience clause, the attempt came to nothing. To prove that the Act was worthless, I opened vaccination stations in ten public schools and only 200 children were vaccinated. I do believe, however, that if the provisions of the conscience clause were enforced and a statement properly sworn before a Notary required of the objectors, we should find very few conscientious objectors. Probably the real objection to vaccination is that the parents do not like the trouble involved by the sore arms consequent to the operation. I have never seen any of these certificates; the parents usually send word to the school that they object. I want to see the certificate required by the conscience clause insisted upon, and then we shall see almost universal vaccination.

Dr. Stanier (replies to discussion): I thank you for supporting me in my opinion regarding smallpox. I have not seen any, but I have only to read statistics of former epidemics. Sometimes you have a mild chicken-pox epidemic that doesn't mean much, but I am thoroughly convinced if smallpox gets loose in unvaccinated communities you will have a serious state of affairs.

Reads clause 15 of the Vaccination Act as follows: "It is now deemed necessary, and is hereby ordered, that teachers in public schools and high schools or colleges shall require a certificate of successful vaccination from each child attending at such school or college, or a certificate that such child is at that present time insusceptible to vaccination. The certificates shall be presented on demand to the teacher or other proper authority."

In enforcing that Act, or that clause, the school trustees or municipal authorities have discussed it, and in some places they have been ignorant and thrown it down, but in Oak Bay they

had their own children vaccinated and brought that clause in. I do not know that we are so successful as we might have been.

Dr. Price, I think, has missed my point of view—he wants to leave it optional. I maintain, without three marks, you will not have sufficient serum generated. If you can get it in one mark, it has to be the size of a 50-cent piece, and then you have a great, big, ugly scar. I have not seen an arm so small that you could not put three marks on, 1½ inches apart. That makes an arm about 4 inches long from the upper to the lower part. I am firmly convinced that at least three marks are necessary to manufacture that quantity of serum.

These children I vaccinated were clean and not slum children. There is no objection to using an ordinary antiseptic to clean off the arm, but the point I wanted to make was that this method of vaccination, which just lifts the epidermis with the point of a needle, was quite effective, and while it might take a little longer to take, it has been found rapid and efficient by the military authorities in Toronto, and it is painless. The children do not mind this form of vaccination, as they do not realize about the aftertake.

I do not know that there is any other point worth mentioning. I think I have answered all the questions that were asked.

The Chairman: That brings us to the conclusion of our morning session. We meet again at 2.30 this afternoon. I have taken up the question of a committee on resolutions. You will remember we had one four years ago to draft out various resolutions that were suggested, and Dr. Young has asked that the following constitute such committee: Dr. Large, of Port Simpson; Mr. Biker, of Nelson; and Dr. Stanier, of Victoria.

The meeting then adjourned at 12.30 till 2.30 p.m.

Afternoon Session.

The Convention resumed at 2.30 p.m., Dr. Wrinch presiding.

The Chairman: I shall have to ask your kind assistance in helping me to obtain order in this very large assembly. I know you will kindly overlook any irregularities or such matters as might be expected in one who has been so long out of civilization as I have, and give me your kindest assistance in carrying on the meeting.

I will now call upon Dr. Underhill—I do not suppose he would like me to call him the father of the health of the Province, but one of the senior health-men of the Province—who is to give us a paper on the "Control of Infectious Diseases."

CONTROL OF INFECTIOUS DISEASES.

By F. T. Underhill, F.R.C.S., M.R.S.I., D.P.H., Medical Health Officer, Vancouver, B.C.

Mr. Chairman, Ladies and Gentlemen,—The subject upon which I have been asked to address you—namely, the "Control of Infectious Diseases"—is one which opens up a vast field of thought in which there are many diverse views and much room for controversy and speculation. It is not, however, my intention to approach this subject from the academic point of view, but rather as a Medical Health Officer who has to deal with it from the mere sordid and practical standpoint.

I may, perhaps, be pardoned if I cite the difficulties of my own city by way of illustration. In the first place, there is the question of cases of an infectious nature in transients. These are always an unknown quantity, and as they are usually to be found in hotels and rooming-houses, their opportunities for spreading infection are greatly increased. Three or four years ago, when immigration was at its height, this problem was not by any means an easy one to handle, and frequently the accommodation at the Vancouver General Hospital was taxed to its limit. As many of these cases developed a day or so after arrival in the city, it suggests that the patient—if an immigrant—must have had the particular disease in its early stages at the time of his examination by the Quarantine Officer prior to his entry into Canada, and I am of the opinion that the medical inspection of immigrants at the port of entry should be much more rigid and thorough.

I feel very strongly that this inspection should be carried out during the voyage—not by the physician employed by the transportation company, but by a Dominion Medical Inspector—and that special attention should be paid to tuberculosis, mental deficiency, and specific diseases. This is especially true with regard to tuberculosis, and it is brought home to us forcibly when we are compelled to provide for persons who have been in the country possibly only a few months.

In preparing some data for Dr. Peter Bryce, who is giving a paper in Ottawa at the annual meeting of the Canadian Public Health Association, I found that of 468 cases of tuberculosis reported to my department during the years 1914 and 1915, forty-nine were immigrants, none of whom had been in Canada more than two years and many only a few months. Under the quarantine regulations these persons should have been returned to the country from whence they came, but owing partly to the war and partly to the fact that there is no properly organized system for handling these cases, nothing was done and they were allowed to remain—a menace to our citizens and many of them becoming a charge on the community.

When the war is over this question of immigration will become a live one again, and it is time for us to prepare for it, making our laws more stringent and by enforcing those we already have, and not wait until we are compelled by pressure of circumstances to take action. We do not want disease-ridden people from other countries, for it is unfortunately true that we have more than sufficient of our own.

It seems to me that, looking at the question from a national standpoint, the foregoing is the first essential in the control of infectious diseases, and granting it would be possible by these means to prevent the entry of disease into the country, the question would then become one of eradication rather than control. In this no real progress can be made until the problem is approached in a much broader manner. At the present time every city and municipality makes its own by-laws, and either does or does not enforce them, as the case may be. Of what avail is it to have effective control of diseases in any city when they are allowed to rage unchecked on its very borders?

I feel very strongly that the only proper way to handle this problem, and indeed all public-health problems, is by centralizing the authority governing the question. I am of the opinion that there should be a Federal Minister, or Deputy Minister of Public Health, in order to properly govern immigration and inter-provincial relations. Each Province should also have a Minister, and public-health matters should be placed on a firmer basis and given the consideration which their importance warrants—free from politics and undue municipal influence. I have only touched very briefly upon this phase of the question, but would like very much to have it discussed freely.

Having now given you my main idea regarding the broad principles of the control of infectious diseases, we come to the method to be adopted in the particular city of municipality, and again I must crave your indulgence if I describe to you the procedure in vogue in my own department. In the first place, there must be ready and willing co-operation between the medical men and the Health Department, and I am glad to be able to relate that this very gratifying condition obtains in Vancouver. The doctors show a commendable readiness to notify the Fumigation Officer directly their diagnosis is made in the more serious diseases—and in the minor ones also—when they are found out. In addition to the doctor, the parents and the schools are required to notify my department of any cases of which they may have knowledge, so that while we may get three notices of the same case, we are almost sure to get one.

In almost every case of scarlet fever, diphtheria, and smallpox, the patient is removed to the hospital for treatment, and the house is placed under temporary quarantine and fumigated, the suspects or contacts being kept under observation until the incubation period of the particular disease has elapsed. When the patient remains at home the house is placarded with the name of the disease, and strict quarantine maintained until recovery, when thorough fumigation with formaldehyde is carried out and the clothing and bedding is disinfected by means of a steam sterilization.

No quarantine is imposed in the minor diseases, such as measles, whooping-cough, chicken-pox, etc., but children suffering from any such disease or living in a house where disease is present are rigidly excluded from school until all danger of imparting infection is passed, when a certificate is issued from my department permitting the principal of the school to readmit them.

Considerable attention is paid to the disinfection of school-rooms. The procedure I have adopted is the burning of all loose papers, etc., the washing of desks with some antiseptic solution, and the libération of formaldehyde gas. There is, of course, considerable controversy as to the efficacy of this latter precaution. I am not prepared to go into the pros and cons of the matter from a prophylactic point of view, but we must remember that we are dealing with the public, who are never satisfied unless they can smell a disinfectant, and it is our duty to

satisfy them that every reasonable precaution has been taken. Personally, I am of the opinion that the essential details in all fumigation are plenty of soap and hot water and elbow-grease, the burning of all papers, rags, etc., and the use of limewash. This is the method upon which we place the most reliance.

To return for a moment to the subject of placarding houses: About two years ago the Provincial Board of Health instituted a system of placarding houses for the minor diseases, the placard bearing the name of the disease and warning all persons to keep away. I found that the effect of this was not what was intended, for people objected to having their houses labelled for measles or mumps, and the result was that the cases were not reported.

A great step forward in handling infectious diseases has just been effected by the setting-aside of observation wards at the Vancouver General Hospital. There is a large number of people in Vancouver living in hotels and rooming-houses, and a great influx on boats and trains, and frequently a case of sickness occurs amongst these people in which it is impossible to make a definite diagnosis offhand. This difficulty has had to be met in the past either by using private wards or by placing a whole ward under quarantine, which for obvious reasons was inconvenient and undesirable. To overcome this difficulty a number of small cubicles have been erected at the hospital in which doubtful cases may be segregated for observation until a diagnosis can be made, when they are removed to their proper ward and the cubicle disinfected.

With regard to diphtheria, we have now got the situation well in hand, and there is no valid reason why there should be a single death from the disease, provided the doctor is called in time. Free antitoxin is supplied by the city without any restriction whatever. The attending physician may, by giving a receipt to the City Druggist, obtain all he requires, and usually gives an injection as a precautionary measure, however doubtful the case, while awaiting the result of the bacteriological examination of the swab. Sterile swabs are also provided free of charge, and all the doctor has to do is to send the swab to the laboratory at the Vancouver General Hospital, where it is examined free. Everything is made as easy as possible, and the result is to be noticed in the very gratifying reduction in the number of cases and the percentage of deaths.

The Vancouver General Hospital has now established as a routine measure the taking of swabs from all children admitted, for whatever cause, and by this means eleven carriers of diphtheria were discovered during 1916. Altogether twenty carriers were found in the city during that year, and isolated until recovery—none of them showing the usual clinical symptoms of the disease.

I regret that we have not been as successful in the handling of measles and whooping-cough as with diphtheria. It is an unfortunate fact that few parents realize the seriousness of these diseases and their complications in young children. During the year 1916 there were thirty-seven deaths from broncho-pneumonia amongst children under the age of one year in Vancouver, and there is little doubt that many of them were the result of insufficient care during measles or whooping-cough. These two diseases, which are so lightly regarded among the laity, are responsible for 80 per cent. of the deaths from acute infectious diseases in this city, and yet people wilfully and criminally expose their babies to measles, though possibly not whooping-cough, in order to save themselves a little trouble later on.

Typhoid fever, of course, depends very largely upon the water-supply and sanitary arrangements in vogue in the particular community. In Vancouver we have a water-supply which is the equal of if not superior to that of any other city in the world, and since 1910, when the problem of sewering the entire city was undertaken in a systematic manner, the number of cases of typhoid has shown a steady reduction year by year. In 1910 there were 265 cases reported and twenty-seven deaths; in 1916 there were thirty cases reported and three deaths, and as all but six of these were traced to outside sources, it may be said the typhoid-fever is non-existent in this city; and it may be safe to deduce that this happy state of affairs is due to the vast improvement effected in general sanitary conditions.

On the subject of tuberculosis I hope to say a few words at the conclusion of Dr. Vrooman's paper. The eradication of this disease is one of the greatest tasks that has yet been faced by public-health authorities, and it is one which is becoming more and more important every year. In Vancouver in 1914 the death-rate from this disease was 1.1 per 1,000 of population; in 1915 it was 1.35; while in 1916 it rose to 1.57, an increase of over 50 per cent. in three years. Something must be done soon. More drastic legislation, if necessary, must be passed by the Govern-

ment. We must be prepared to spend money, and in addition there must be a greater awakening on the part of the public to the dangers of the situation.

I have not touched on poliomyelitis, as that is the subject of a separate paper by Dr. Carder, who has had exceptional opportunities for studying the disease; neither have I dealt with venereal diseases, deeming that it would not properly come within the scope of a paper of this nature, being too large and important a matter to be dismissed with a few sentences.

In conclusion, I have tried to bring forward in a concise manner the salient points in the control of infectious diseases, not so much as one who speaks with authority, but rather in the hope that my remarks may induce some helpful discussion, for I am of the opinion that the resultant good would be far more lasting and beneficial to all than the reading of a purely academic paper, however learned or profound; and I venture to say that all of us who hold public office are glad of an opportunity to have a good grumble at things as they are and air our views as to how they should be.

There are times when the problems which confront a Medical Health Officer loom strangely large, and he feels that he is standing alone and is frequently unable to get the support even of his committee, which he feels he has a right to, and an occasion like this is an opportunity not to be missed.

There are many other matters of great importance in connection with public-health work that I would be glad to speak upon, but as they do not come within the scope of this paper I will bring my remarks to a close.

DISCUSSION ON DR. UNDERHILL'S PAPER.

Dr. A. G. Price (Victoria): Coming from the smaller city, the Capital City on the Island, I take the liberty of opening this discussion on infectious diseases, following the paper by my friend Dr. Underhill. I would like to have heard Dr. Underhill for another half-hour, because he has had vast experience in Vancouver in the suppression of epidemic diseases. I am only a short time in office in Victoria, but I happen to have come in at a time when there was a severe epidemic of measles, which took all of my exertions to suppress—I leave it to you with what success.

Dr. Underhill mentioned they did not quarantine for measles or chicken-pox. Well, in cases of very prevalent epidemic, I thought it better to step in and quarantine, as measles is not a case you can treat in isolation hospitals when it comes to 2,000 or 3,000 cases such as we had in Victoria, and we have to have it attended to, of course, in the houses.

I have had some experience in England in an epidemic of measles. One municipality would have them quarantined and another would not. Where they were quarantined there were no deaths, and where they did not quarantine there were six deaths. I found that where they were not quarantined the mothers allowed their children to go out on the street at the end of one week or so, and the result was bronchial pneumonia. We keep them in sixteen days in Victoria from the commencement of the rash. The result was that out of about 2,500 cases we went through almost without a death until at the very end two very small children under one year of age died of pneumonia. The weather was very severe at the time, and I put down the non-fatality of the epidemic to the harshness of our quarantine, because we kept the children in and the Inspectors went down to see that the parents complied with the order.

While the disease is a minor one, the sequel is severe in the case of chicken-pox. I think it ought to be notified, because there is such a danger among parents of mistaking a case of smallpox for chicken-pox. I tell you a case in point. We had a case of smallpox last March in Victoria. The lady who developed it was at a hotel in Victoria. We traced it from Tacoma within the period of incubation; we communicated with Tacoma and found a great deal of chicken-pox prevalent, but no smallpox. I have since seen the Health Officer in Tacoma, and found that there was a considerable amount of smallpox there since then. Were some of these cases smallpox? A very mild case of smallpox may be mistaken for chickenpox, and for that reason I would advocate that it be notified.

There was a case only a month ago in Victoria. I watched the patient in the Isolation Hospital and it turned out to be chicken-pox. Then I had the history of that. We had the case stopped in the Quarantine Station, but they allowed, against my protest, seventy-five steerage passengers to land at Victoria off that boat. I did all I could to prevent it, but it was left in the hands of the Dominion authorities. This happened to be a very severe case of chicken-pox; but I think measles and chicken-pox should be notifiable.

I was glad to hear Dr. Underhill mention diphtheria as being a disease of less severity than it used to be. I remember a friend of mine lost three children in one week from this disease. We have had a good many cases of diphtheria this year in Victoria, but no deaths in the hospital, with the exception of one Chinese who was found in Chinese quarters in an advanced stage and who died a few minutes after being brought to the hospital.

In that case we always take the house and quarantine and thoroughly disinfect it; have the walls whitewashed or limewashed down to prevent the spread. I am glad to say now we have no infectious diseases of any kind in Victoria. Of course, we have some cases of tuberculosis, but no acute infectious diseases at present; and I hope and trust, to come back to the vaccination question, that we will have vaccination and will not have this terrible epidemic of smallpox which, according to Dr. Underhill, we are in danger of having.

Dr. Vrooman (Tranquille Sanatorium): I think Dr. Underhill's paper calls for congratulation to him on the report he gives on the health situation in the City of Vancouver, and the fact that such a disease as typhoid has been reduced to a minimum, and other diseases to such a small number that they can be controlled so well. There are one or two points that I would like to touch upon in Dr. Underhill's paper.

Dr. Underhill stated that about 10 per cent. of the arrivals in Canada were sufferers from tuberculosis. My own figures show a little higher proportion. I find 10 per cent. of the admissions to the sanatorium are people who have been in Canada one year or less; 15 or 18 per cent., two years or less. These people had come to Canada for their health, most of them giving a history of tuberculosis in England or the Old Country. The only way that can be controlled is by following out a scheme such as Dr. Underhill outlined that these immigrants should be examined on shipboard or before leaving England.

Dr. Montezambert several years ago advocated that immigrants to this country should be examined before leaving the Old Country by appointees of the Immigration Department to see that they are not suffering from chronic infectious diseases, such as tuberculosis in particular. After the war there will be an influx of people to take care of, and practically all such cases will come to British Columbia because of the climate.

Another important point has reference to notification of tuberculosis. It is not notified. The reason for that is partly apathy on the part of the medical profession and sympathy for the patients. Dr. Underhill will agree with me that he is notified about a number of deaths in Vancouver in a year. I notify him of any patients arriving, any advanced cases at the sanatorium, but there are many cases not notified by any medical practitioner. That applies also to Victoria. This point should be considered and provision should be made to notify open cases of tuberculosis. From a health point of view it is the open cases we are concerned in—not from a treatment point of view, but from a health point of view. It is quite true we have not adequate accommodation to look after them, but you cannot even keep track of them unless you know, and I have followed the history of some of these cases and learned how they moved around unknown to the Health Department, and it should be strongly emphasized that to control tuberculosis it must be notified to the Health Officer, because the medical profession in this regard are careless.

Mr. Biker: I am very much interested in this question. I have been in a great measure in touch with the medical faculty in England and they have a great idea of the climate of British Columbia. The medical men in England are exploiting it against us, and if the percentage is 10 per cent. of the cases that arise we are just treating that number here at our own expense.

Another point struck me; that is in regard to smallpox and chicken-pox. It is a matter of opinion regarding whether it is smallpox or chicken-pox. The Medical Health Officer of the district should be supported and not ridiculed. The patient should be protected, but we have to protect the public health, and to this end the Health Officer should be supported.

Dr. Hepworth: There is one point I was interested in—that is, if one child in a family takes measles, should the rest of the family, or the children who have already had measles, be kept at home? Supposing there is a family of six children, five have had measles, and one has them, are we to keep the rest out of school?

I have had a fair amount of experience in these epidemics, and I find the disease spreads before they know they have got it. Measles will spread before the rash is developed. I have taken the stand that if there are four or five children, three of whom have had it and two have not, I have kept at home those who have not had it and allowed the others to go to

school. Am I right or wrong? There is one thing about measles: I don't pay much attention to them: they are not reported, anyway.

About tuberculosis: I want to hear Dr. Vrooman's paper to-morrow. I have had dozens of people who do not feel well, and if I take their temperature and find it 99½ for three days, that is all I want. If he has closed tuberculosis you let him out, but it may open up in a week after he gets into the country. You have to watch four or five days: no doctor living can make a diagnosis of closed tuberculosis in one day. I had a case the other day where one fellow said he could hear something and another did not; we found enlarged glands. He has tuberculosis that may open up at any time. This tuberculosis is rather a big question, I think. We had two cases of tubercular meningitis this spring; they died; and we had three or four other cases of tuberculosis. The trouble is most patients will not allow you to do what you want to do. If you want to take their temperature every three or four hours for three days, they say "No"; and if you do not diagnose the case right away they go to some one else.

Then there is the question of infectious diarrhœa. I did not hear the question brought up, but I would like to give a slight history of it. I have been eight years in Steveston as Health Officer, and I think I lost five cases of whatever you like to call it; I call it acute intestinal infection. This year three deaths; sick in the morning and dead at night—lasted about six hours, or perhaps a little longer. There ought to be some method of dealing with this. Who is going to control it? Suppose your municipality will not help you, who is going to do it? I can get no help where I have been. This is the first year they have not cleaned out a ditch, and there were three deaths from this disease, and only three deaths in eight years before. A boy took sick one morning in one house, and I was sent for at 9 o'clock at night and he died at 11. Another boy in the same house got sick and lived. A baby got sick with it a short distance away; two others got sick and one died; two others got sick and got well. How are you going to control it? It seems to me a pretty hard thing to control and there ought to be some method of doing it. To me it has been one of the worst bugbears I have had.

Dr. Petersky: Dr. Hepworth has brought up a certain question that I have had in mind, but didn't know where I was going to get it in, and I think it comes under infectious diseases; that is the difficulty of carrying out the control of infectious diseases in the country. You who are in the city have the people trained and the teachers trained, but it is different in the country. You go in there and attempt to interfere with what they have been doing for forty years. The Health Officers are unfortunately dependent on the police of the Attorney-General's Department, who act as sanitary officials. If the doctors cannot do anything the police never do anything. They seldom do anything, even if the doctor wants them to. Now, the district I am in at present, the police officials are paid $75 a month, and it is usually given to a returned soldier. If he finds out he can get $150 as a brakesman he resigns, and we don't try to check them up much for fear they will resign.

I think measles should be quarantined. I think anything should be quarantined that is infectious, and if it were in my power even scabies would be quarantined. The last place I was in I got the people trained, but in this place there is no training done yet. I think the cities are very fortunate; they have Health Inspectors of their own; and all they have to do is tell the Inspector and he can call a man up. If I do that, why I am in quite a practice there. I think the Health Officer should be a civil servant, independent of any private income. I think that is a weak point in this Province. He should be given a living wage so that he would not have to practise, and he could look after a larger territory and things could be done properly. When I left the last place I was in I registered a solemn vow that I would never be a Health Officer again. Unfortunately, or fortunately—I don't know which—Dr. Young prevailed upon me to take it again, and now I suppose I will get into a jackpot; but I agree with Dr. Hepworth that in these country places where the people do not back you up it is pretty difficult. I think it is an educational campaign in sanitation as well. People are more concerned with commercial life, and we have to depend on the commercial part of it, and that is where the whole trouble lies.

The Chairman: The discussion is taking a little bit of a side-track; will you kindly, as far as possible, keep the discussion to the lines of the papers?

Dr. Hepworth: I want to make one point: Our police officials are *ex-officio* Sanitary Inspectors: they are more interested in collecting a road-tax or a poll-tax to make their department pay. I think the Health Department and the Police Department should be segregated.

because they will not see a dead cow in a ditch 5 yards away, but they can see anything half a mile away if they are going to collect a fine. I cannot get any sanitary work done in my department.

Dr. Young: No doubt in the matter of infectious diseases the Medical Health Officers have been handicapped from the fact that there is no adequate machinery in the different municipalities in the Province. We have endeavoured to overcome this as far as possible. The millennium may come some day, and we will then have in each district a Medical Health Officer enjoying a generous salary; but with the population of 400,000, which is a very large estimate, spread over 400,000 square miles, the Government cannot be expected to reach as yet the millennium in medical-health matters. We are doing the best we can, and regarding Dr. Petersky's complaint and Dr. Hepworth's complaint about the police, they have a very large territory to cover; but I have made arrangements this year with the Attorney-General's Department for a very definite co-operation in health matters by the Provincial constables. The sanitary regulations have been consolidated and printed, and copies are being furnished to the Provincial police, who are requested to act as sanitary officers and take an active part in the work, and not force the Medical Health Officer to be prosecutor as well as Medical Officer. Forms will be provided for them to fill out, and the policemen can make reports to the Provincial Board of Health Office in Victoria, and we can have co-operation through the headquarters of the Health Department with the Medical Health Officers. We hope to relieve the resident Medical Health Officer of the onus and responsibility attached to a man in private practice where the duty conflicts with his personal interests.

The Chairman: I am glad that relief is going to be afforded; we will be glad to have further discussion along the lines of the paper on the control of infectious diseases.

Dr. Isabel Arthur: There is one question I would like to ask. In our neighbourhood there is a sanatorium and these patients come into Nelson from time to time and sleep in the hotels, and there are a great many complaints about this. I would like to know whether this is the right thing for them to do.

With regard to the other infectious diseases, such as measles, mumps, chicken-pox, and whooping-cough, I think only the patient should be quarantined. It is too hard to quarantine the whole family for these diseases, and it is not necessary, and the Provincial Board of Health has sent out notices that children from these families may be allowed to go to school.

In many of these diseases we have used moving-picture slides, asking the people from the screen that children with these diseases should not be allowed in these shows, and this has been found very efficient.

Dr. McEwen (Medical Health Officer, New Westminster): With regard to the question of tuberculosis, where a death has been reported to the Health Department, what precautions are taken as to disinfection or what methods are taken to prevent the spread from that case?

Dr. Stanier (Victoria): There are two points Dr. Underhill raised: One is the case of infectious diseases in transit. The cases that come in here most generally are from the Old Country, landing at Halifax. There are not many cases coming through Williams Head. They continue at the different cities until they land in British Columbia, and as they cannot go any farther without jumping into the water they remain here. Unless these cases are stopped before they get to Halifax, and there is a more systematic inspection, we are going to have them here. We can look after our own local infectious diseases, except tuberculosis. In Victoria there is one place for tuberculosis, and that is Chinatown. There is nothing done there for closed tuberculosis. I think about 50 per cent. of the Chinese are tubercular, and I think 90 per cent. of the cases in Victoria originate in Chinatown. Unless we can get at the root of that field we cannot eradicate our local tuberculosis.

Dr. Underhill (replies to discussion): Dr. Hepworth asked me some questions. There are some of the points that I certainly am not going to answer. I think possibly Dr. Hepworth and Dr. Petersky have not realized the duties of Medical Health Officers at all. One thing is sure, when a medical man is in doubt or does not want to make a diagnosis he sends for the Medical Health Officer, and it is up to the Medical Health Officer to make a bluff; if he says it is smallpox, it is smallpox; it doesn't matter whether it is or not. You have to take this responsibility on yourself and decide what has to be done and to do the best you can.

With regard to the outbreak of measles in Victoria, that is a unique situation. If you can control 1,000 cases of measles, you do mighty well, for these cases are not all reported—make no mistake about that.

Regarding chicken-pox, this is quarantinable, but unless smallpox is prevalent we do not necessarily placard for it.

Regarding tuberculosis, Dr. Vrooman is going to tell us how to diagnose tuberculosis to-morrow: I don't know anything about that myself, but he told me in confidence he was going to tell us how to do it. Regarding deaths from tuberculosis, I would sooner disinfect for tuberculosis than for almost any other disease, and every precaution is being taken regarding the house and everything sterilized if possible.

Chinatown raises a big question. That is one black spot in Vancouver. We have a Chinese hospital where all the Chinese tuberculosis cases go that belongs to Chinatown. I think we have much more air and more windows in Chinatown here than in most places, but it needs daily inspection.

MEDICAL INSPECTION OF SCHOOLS.

By F. W. Brydone-Jack, M.D., C.M., Chief Medical Inspector of Schools, Vancouver, B.C.

The present terrible war brings home to us with great clearness the necessity of the conservation of the life and the resources of our nation. A nation's place in the world is determined by the combination of virility, intelligence, and the numbers of its people. This combination can be attained in varying degrees, depending on the extent to which a nation is willing to adopt and enforce the principles of hygiene.

The department of hygiene with which we are particularly interested is that dealing with the child. We recognize its outstanding importance, for we know the child is the source of the nation's man-power, and that upon a healthy childhood depends the health, vigour, and mental alertness of the adult.

The following are a few figures bearing on health: In Vancouver in 1916, 61 babies in every 1,000 died before reaching the age of one year. Nine and one-tenth per cent. died from acute or chronic indigestion, due to improper feeding. In 1916, 2,680 children were born. Therefore Vancouver alone needlessly lost 243 babies during that one year. Germany, in 1915, recognizing the importance of babies, enforced a comprehensive system of infant-care. The mother received antenatal care. An adequate supply of milk was assured for the child from birth to six years of age. Germany estimates that she has saved sufficient babies that by 1921 there will be more babies in that country than there would have been without a war, and she has obtained that result in spite of the fact that in many parts of the country there has been a fall of 50 per cent. in the birth-rate.

Medical inspection of schools was adopted in Great Britain in 1907, in consequence of public opinion following the alarming percentage of unfits among the men attempting to enlist at the time of the South African war. There has been considerable improvement since school medical inspection was inaugurated, as the following figures show:—

Number of Recruits rejected for the British Army per 1,000.

1909	299.04
1910	295.42
1911	246.50
1912	223.77

The figures for this great war are as yet unobtainable, but the corresponding figures are stated to be much better.

A scheme of child hygiene should be comprehensive. It should concern itself with the prenatal care of the mother and the care of the child from birth to adult life.

The child-life may be divided into three periods:—

(1.) From birth to two years of age—infancy.

(2.) From two to five years of age—the pre-school age.

(3.) From six to eighteen years of age—the school age.

There is no hard-and-fast line between these ages, and it would seem foolish to have three separate organizations each dealing with but one period of the child's life, and yet this has been the case in many cities, resulting in much confusion and overlapping.

Generally, throughout Great Britain, one authority—the education authority—has entire control of child hygiene. In New York City the Bureau of Child Hygiene, a division of the Board of Health, exercises a similar control. The same control by the Board of Health is exercised in Montreal, and since July 1st of this year has been adopted in Toronto. Previously in Toronto the Board of Health did the prenatal work and the work among infants, while the Board of Education had charge of the medical inspection of school-children. Much has been written for and against the control of medical inspection of school-children by the education authorities. To me it seems that where there is a well-organized and a comprehensive organization for child hygiene one authority should have complete control, but where health organization is difficult or impossible to complete, as in small towns, then a separate control of the medical inspection of school-children by the education authority may be vastly superior in results.

In British Columbia the control of medical inspection of schools is vested in the Provincial Board of Health, but it has been made the duty of the local education authority—the Board of School Trustees—to enforce the "Schools Health Inspection Act" and to provide funds, the staff, and the equipment. The School Board is therefore particularly interested in that phase of child hygiene which applies to the school-child. Usually this work has been called "school medical inspection." This title expresses very well the results so far obtained. From now on what is required is not school medical inspection, but school medical service. Such a service is concerned with the detection of physical defects and the more important work, that of obtaining treatment for the conditions found. The control of contagious and infectious disease, the hygiene of the home, the proper heating, lighting, ventilation, and sanitation of the school, adjustable seats, the curriculum, good blackboards, proper size reading-type, character of the writing materials, school lunches, regular exercises, etc., are factors which the medical service must have constantly in mind in order to prevent as far as possible the child's acquisition of disease or defects in the grind for an education.

A thorough physical examination is of the utmost importance. A great deal of criticism and dissatisfaction has been caused by the extremely superficial manner in which children have been examined in many American and Canadian cities. For instance, in Toronto the law called for a thorough examination, including the heart and lungs, but insisted that no clothing could be loosened without first obtaining the consent of the parent. Such consent was very rarely asked, and as a result 95 per cent. of children were only examined in regard to eyesight, teeth, and tonsils. No wonder people could not understand why the Medical Inspector did not find the crooked back, the deformed arm or leg, the weak heart, or the lung-trouble. New York recognized this weakness and has for the last two years been inviting parents and attempting to thoroughly examine children. This thorough examination is not done every year, but only in the first, third, and sixth school-year. In the other years it is of vital importance to have a specially trained nurse test the eyesight, see the teeth and throats, and estimate the general health of every child, so that a child needing attention may be referred to the school doctor for examination without delay. In this the interest and co-operation of the teacher is essential, because it is the teacher's opportunity to be with the child day in and day out, being thereby enabled to detect immediately any child's departure from its normal average health. Toronto is to inaugurate such a system with the opening of the schools in September. There is no reason to fear the results, for this system has been working very satisfactorily in Great Britain since 1907. In Japan also the thorough physical examination is recognized as the most satisfactory.

N.B.—In regard to the thoroughness of the physical examination, Vancouver was the pioneer in North America and still holds first place.

In making the physical examination the following procedure should be followed:—

(1.) The parent should be invited at a definite time.

(2.) The child should be stripped to the waist in privacy and stockings and shoes removed. With female children a towel should be draped over the shoulders and chest for the sake of modesty.

(3.) A nurse should always be present—to prepare the child, assist in the examination, and to make notes.

Under these circumstances when a defect is found its nature can be very easily demonstrated to the parent. It can be found at once what is possible in regard to treatment, and arrangements can be made for the medical service to obtain treatment for the child if the parents are poor.

If it is impossible for the parent to be present at the examination, then a sealed notice of the defects found should be sent. The nurse should visit the home within two weeks, and in any case it should be the aim of the nursing department to know within a month what steps the parents have taken in regard to treatment, though this time is often too short when a nursing staff is small as compared to the many duties it is expected to perform.

An alteration in the school curriculum will be the treatment required for children suffering from certain defects. These children will be grouped in special classes called auxiliary classes.

Such a class as the open-air class is required for the thin, weak, sickly, and the pre-tuberculous children. An ordinary class-room with all the windows open, with movable desks and folding cots, is all that is required. Sometimes the flat roofs of schools are utilized when the accommodation in the school is limited. Some of these rooms are heated, some are not. The children must wear special clothing and must have an adequate rest period. The children improve more rapidly in health and weight when a good lunch is served. For tuberculous children open-air classes should be formed in sanatoria. A child with open tuberculosis should not be permitted to attend the open-air class intended for ill-nourished and anæmic children.

Auxiliary classes are also required for the deaf, the blind, the semi-blind, children with speech defect, and for crippled children. It is estimated that 2.8 per cent. of the children of St. Louis have speech defects. Boston is tackling this problem in a sensible way, having what are called speech-improvement classes. During the past year 333 children were collected from eighteen school districts and instruction was given by five teachers to nineteen different groups of children. The improvement in articulation is most pronounced. Another interesting class in Boston is that for semi-blind children. Twenty-two children having a vision of not less than one-tenth normal were gathered together and receive special instruction. The type of the books is large and most of the teaching is oral. Seven classes were formed from the twenty-two, though most of the instruction is necessarily individual.

Another type of auxiliary class is that for mentally retarded children. At least one child in every hundred is so affected. The best results are obtained by attempting to give an education to those only that may profit by it. Children up to the age of ten or twelve may be taught in mixed classes in local districts, but afterwards the boys and girls should go to separate classes where more time can be given to domestic science and manual training. Mixed classes of the older mentally retarded children are not as easily disciplined nor do they progress as rapidly as the separate classes. Boston has fifty-five classes with an enrolment of 815; the older girls are sent to a six-room centre which forms a higher school; the older boys are treated similarly. Transportation is provided by the city.

In regard to treatment of physical defects, there are at the present time three methods usually employed—by private physician, when the parent can afford it, and when not, by school clinics, and hospitals.

Let us examine first the method followed in England to obtain treatment for school-children. The following extracts from the 1914 Report of the Medical Officer of the Board of Education for that country will give a clear idea of what is being accomplished:—

"There is no more hopeful feature of the work of the school medical service than the fact that many of the most fruitful activities are of the nature of voluntary undertakings on the part of local education authorities. The Board's system of medical grants, graduated according to the efficiency of the arrangements made, has done much to reinforce local enterprise and lighten the burden of local expenditure. Under the 'Education (Administrative Provisions) Act, 1907,' the initiative in regard to treatment schemes remains with the local education authority, and a considerable proportion of the cost is borne by the local ratepayer.

"In 1914, out of 317 education areas in England, 266 had some form of treatment in school clinics. Treatment was provided for:—

(1.) Minor ailments in 204 clinics.
(2.) Dental defects in 130 clinics.
(3.) Defective vision in 195
(4.) Provision of spectacles in 165 } refraction-work clinics.
(5.) Enlarged tonsils and adenoids in 83 clinics.
(6.) Ringworm (X-ray) in 68 clinics.

"In 1914 there were 179 school clinics.

"The school clinic still maintains its position as the most generally suitable institution for dealing with children suffering from remedial defects, for the following reasons:—

(1.) There are the advantages of complete control.
(2.) Arrangements are easily made to suit the convenience of doctors, teachers, and children.
(3.) Complete supervision of the treatment in all branches is possible.
(4.) Clinics can be held in positions easily accessible.
(5.) Follow-up work is readily arranged and accomplished.

"*Clinics for Minor Ailments.*—The treatment is simple; it can often be done by a nurse acting under medical direction. Cases do better as they can be treated in school more frequently than they are at home. In 1912 (Warrington), 1,490 children lost 57,793 attendances owing to minor ailments, an average loss of 38.8 attendances. In 1914, on account of daily treatment, the average loss was reduced to 27.2.

"The treatment of these conditions is essentially the work of the school nurse. The unsuitability of hospitals for carrying out treatment of this nature is generally recognized; the staff have not the time to devote to the supervision that is required, nor to the daily routine of treatment. Neither can the parents of the class, for the benefit of which these institutions are supposed to exist, afford the time or the means entailed in paying repeated visits to the hospital.

"*Clinics for Defective Vision.*—Ten per cent. of children require treatment for defective vision. One hundred and ninety-five authorities are having clinics, and in addition to the prescribing of spectacles, have entered into contracts for the provision of spectacles at cheap rates.

Work done by part-time ophthalmic surgeons	98
Work done by whole-time ophthalmic surgeons	4
Work done by staff of school medical service	74
Work done by contributions to hospitals	37
Spectacles provided by authorities	165

"There is dental treatment in 130 education areas. There are 200 dentists, fifty-one being full time, sufficient to treat 375,000 children.

"*Clinics for Enlarged Tonsils and Adenoids.*—Of all the remediable defects of school-life, enlarged tonsils and adenoids are the most neglected and show the lowest proportion to have received adequate treatment, in spite of their prevalence and their marked disabling effect on health. The number of authorities making provision for operative treatment is small, only eighty-three. The reason for this is that in many areas the work is undertaken by voluntary hospitals without charge.

Number of authorities	83
Work done by doctors not on school staff	24
Work done by school medical staff	7
Work done by hospital staff	57
Work done at school clinics	30

"*Care Committees.*—The development of the scheme of treatment has involved a corresponding increase in the work of following up. Every large school or group of schools has a School Care Committee, and the work of those committees is co-ordinated by a staff of paid organizers employed by the London County Council. Care Committees are also concerned with the provision of meals and the after-care of children, with the work of juvenile employment, and with attendance at evening classes. Leavers are interviewed as far as possible and endeavours are made to find suitable employment.

"RESULTS OF THE WORK OF THE LONDON SCHOOL MEDICAL SERVICE, 1914.

"During the year 84,500 reinspections were made. Of all the children found defective, 50 per cent. were treated by the time the first reinspection was held. Of those children suffering from

Ailments for which the Council had made special provision, 62 per cent. of the cases were dealt with under the Council's scheme.

	Treated and completely cured.	Cured naturally or without Treatment.	Treated but not completely cured.	Not treated and requiring Treatment.
Refraction	56.1	6.8	12.2	24.9
Ear, nose, and throat	53.3	17.7	4.4	24.8
Teeth	48.9	10.2	5.9	35.0
All cases	51.3	15.3	8.6	24.8

"In 1912 only 39 per cent. were treated under the Council's scheme.

"The following table shows the percentage of children obtaining treatment from (A) the family physician; (B) under the Council's scheme; (C) at other hospitals or institutions:—

	(A.) Private Doctor.	(B.) Under Council's Scheme.	(C.) At other Hospitals and Institutions.
Refraction	3.1	74.3	22.6
Minor ailments	17.6	50.7	31.7
Ear, nose, and throat	7.4	58.9	33.7
Dental defect	21.2	56.1	22.7
Other ailments	27.1	6.2	66.7
Totals	13.6	56.2	30.2

"The high percentage (74.3 of the whole) who get their refraction done under the Council's scheme shows what a need has been met by the facilities for treatment arranged by the Council; very few cases needing refraction (3.1 per cent.) or cases of operation for adenoids and tonsils (7.4 per cent.) are able to arrange for treatment privately.

"The medical treatment scheme adopted by the London County Council combines the advantages of a hospital service and a school-clinic service. During 1914, 294,026 children were examined and 101,432 were found to require treatment. In March, 1915, the education authority contributed to 12 hospitals, providing for 26,184 children, and to 30 other forms of institution, providing for 72,012 children, the total number of centres being 42, providing for 98,996 children.

"Under these agreements the Council pays to the hospital or institution the sum of £50 a year for each doctor, surgeon, or anæsthetic working on one half-day a week, and *pro rata* for each half-day a week so worked. In addition, a capitation payment is made of 2s. for each major ailment treated in respect of eye, ear, nose, throat, and teeth, and for X-ray treatment of ringworm a capitation fee of 7s. is paid. A dentist working half-time on five sessions a week is paid £200 a year.

"There are three types of centres:—

"(1.) *Hospitals.*—The time of the clinics is arranged to suit the convenience of the hospital. Doctors and assistants are appointed by and are under the control of the Hospital Board and devote the whole of the time for which they are paid by the Council to the work of dealing with the children referred by the Council.

"(2.) Centres provided by Medical Practitioners' Committees, who provide and maintain the centre. These centres are under the administrative control of the Council. The medical staff are selected by the Council from names supplied by the Medical Practitioners' Committee and are paid for the time given to the clinic. The Council sees to the supply of patients and to the following-up of those under treatment. It also equips the centre with the necessary apparatus. A nurse employed in the Public Health Department of the Council is provided to attend the clinic and to assist the doctors in the treatment of refraction cases, ringworm cases, and ear, nose, and throat cases requiring operation."

Medical Treatment in New York.

New York has had medical inspection since 1897. It was found that only 6 per cent. of physically defective children obtained treatment by the use of the postal-card notification system. By the appointment of school nurses for follow-up work in the homes in 1908 it was possible in 1909 to have 83 per cent. of the defects treated. It was felt by the Bureau of Child Hygiene that the test of the value of school medical inspection was the character and the results of the treatment obtained by the children.

In order that the existing need for more facilities for treating the children might be met, and that the character of treatment given and the adequacy of results might be under control, the department obtained in its 1912 budget funds for the establishment of clinics under the Bureau of Child Hygiene, exclusively for the treatment of school-children. Nineteen clinics were formed for nose, eye, ear, and throat service, for refraction, for dental work, and for contagious eye-diseases. At five of these clinics operations for adenoids and tonsils are performed. Operative cases are kept for twenty-four hours and a list of doctors on call is kept handy in case any untoward symptoms are noted. The clinics are open daily from 1.30 to 5 p.m., except Saturdays, when they are open from 9 a.m. till noon. Nose and throat operations are performed in the morning from 10 a.m. to 1 p.m.

Many of the defects from which the school-child suffers should have been prevented or detected and treated before entry to school. It is felt in England, in New York, and in Toronto that the best and the most logical way of reducing the number of school-children with physical defects is to examine them and treat them in the pre-school age. Toronto now has twenty-two child-welfare centres at which this examination for the pre-school child is done, in addition to the usual infant and milk depot work. New York maintains fifty-nine such centres and Montreal twenty-eight. It is estimated that one child-welfare centre is required for every 20,000 people. As a rule, a doctor attends a centre for a half-day once a week. The centres are conducted in police stations, Y.M.C.A.'s, Y.W.C.A.'s, and in settlement houses and in schools. Inasmuch as the public already own the school buildings, and as a school building is the centre of a district, it has been suggested that schools should be used for the child-welfare centres. This could easily be arranged on Saturday mornings. It seems that more and more responsibility is being given to education bodies. This is not surprising, for we now appreciate that education does not simply consist in teaching the school-child the three R's, but it includes the education of people of every age in everything which can improve our national well being—truly an enormous task.

In the preceding pages I have endeavoured to give an idea of the important features of a school medical service. We in British Columbia are young in the work and there is much that we will have to develop. We have made a good start, however, and it is my earnest hope that British Columbia will maintain the lead she has set Canada.

Discussion on Dr. Brydone-Jack's Paper.

The Chairman: This is a very important phase of work, and in order to have it more fully discussed there were three asked to prepare discussions. I will ask Dr. Isabel Arthur, of Nelson, to open the discussion.

Dr. Isabel Arthur: I was much pleased to know what Dr. Brydone-Jack said about treatment. The treatment is the main point of medical inspection. There is not much use in sending notes unless they can be followed up by treatment. That is the reason medical inspection does not work out the way we hoped it would. This is being done in the large centres in the States, and in small towns and rural districts of 6,000 and 7,000 people there is no equipment in the schools and no treatment given. It very often is not done at all, and medical inspection therefore does not get the desired results.

The Medical Inspectors in the rural districts are usually physicians who have other work to do, and they do not give up their time especially to that work. They do not get enough remuneration and do not spend their time. They have no nurse to help them and the remuneration is so small they cannot take the time to do this thoroughly. That is where our medical inspection falls down, and I hope some time to see medical inspection under the Government and Medical Inspectors paid to give up their whole time to medical inspection of schools; then and only then we will have good results from this work.

Dr. E. H. McEwen (Medical Inspector of Schools, New Westminster): Mr. Chairman, Ladies and Gentlemen,—I feel very much like the man who never made a public speech before, and when he was asked to make one he had a friend prepare it for him. Through some mischance he did not get time to memorize it and so he had some notes. When he started to deliver his speech, he said: "Ladies and Gentlemen,—Of course, this is entirely extemporaneous; of course, you will understand it is entirely an extemporaneous speech. Hang it, I don't know what to say next, because I can't find the place." So if I cannot find the place in my notes I know you will forgive me.

I was asked by Dr. Young to take part in this discussion, but being away from the city I did not receive it in time; I did not know until to-day what Dr. Brydone-Jack was going to say.

Now, in the first place, I would like to express publicly my thanks to Dr. Brydone-Jack for the assistance he has given me personally in the school-work since I have been in New Westminster. He has always been most obliging and has done his utmost to give me assistance in the work. I have been in the schools in New Westminster for the past six years, and, outside of one year before that, when I was in a country district, I had no experience whatever as to how to handle these things, and his assistance has been invaluable, and I want to publicly express my appreciation of that fact.

In the next place, with regard to country work, some have spoken of the difficulties in connection with that. One of the greatest blessings you can have in doing school-work is a good nurse; that is more than half the battle, and you haven't that blessing in the country at all, and you cannot keep in touch with the various patients that you run across. I think there should be some provision made by municipalities in general to appoint a nurse to give her whole time to country districts, and also some arrangements regarding her transportation from school to school before they can expect to get results from the country.

Now, in the city work, we find the nurse clinches all the suggestions made by the School Medical Inspector. In all cases where we send out notices they are followed up by our nurse, and she stays with them and persuades them, whether they wish to be persuaded or not, that it is best to have the case attended to. As a result, we have had a great many treatments on these suggestions.

With regard to the teachers, I have been greatly blessed, and have had good support from the teachers. Of course, there are exceptions; you cannot always find all of the lady teachers especially who will meet you in exactly the right way and follow up your suggestions as you make them, but, ordinarily speaking, they do the second time, at any rate, and I must say I have had good support from the teachers.

Now, with regard to this morning's paper, there was some mention made by Dr. Gillies that there were a number of cases sent to the asylums. The trouble, I believe, we must get to the bottom of in school-life and before school-life. We cannot teach the present generation—those in the asylums and those who should be—we cannot control them; but these children growing up, we have a certain amount of control over them, and that control should begin before the ordinary days of school-life.

I am in accord with Dr. Brydone-Jack that we do not begin early enough, and it should be under one authority, and school-work and the pre-school work in training the child. We see so many examples in school-work of those who should have been attended to before the child comes to school; it is pretty well on by the time we get them under our control. We should prepare that child for its future life. They come to school to learn the three R's; sometimes they get to high school and learn algebra and trigonometry, etc.; but the average child has finished his education before he reaches high school, and they are going to settle down and become fathers and mothers of future families. How many of these children know the first thing about themselves and the proper care of themselves, the proper care of the wife, or the husband, and the proper care of the children? I guarantee that a great proportion of them learn through a very bitter school, and I think we ought to try to accomplish the better education of the child-life on the lines of practical living. I think it is neglected in our present school-life.

Dr. Brydone-Jack has spoken about thorough examination in the schools. It is either that, or nothing; that is to say, I do not think it is much use giving a superficial examination of the chest and passing it up. I am sure Dr. Vrooman will bear me out in that, that there are few

cases of tuberculosis found in a superficial examination of school-children. I remember one case sent to Tranquille; we discovered a small patch in the chest, and then we found two or three places in the lung, and I discovered that after repeated examinations, and I only discovered about one-third of the whole thing. How much less could it have been discovered in a hurried examination of children in a school?

He has mentioned that it should not be "medical inspection," but "medical service." I think that is the crux of the whole question. We have started in a small way in New Westminster. The nurse occasionally gets stuck and asks me for help, but she practically handles the whole thing herself, and much practice is making perfect. She is doing a great deal of good in our city in a great many minor cases; ringworm, small cuts and bruises, and minor injuries are all handled in our school offices.

We hope to have a dental clinic established next year. We probably would have had it this year, only the money was not provided in the estimates, and it was left till after Christmas. We hope for great things after Christmas in starting our dental clinic.

Regarding tonsils and adenoids, it is all done by private physicians. We have followed up these cases particularly during the past few years. Parents have been visited, and the fact brought home to them that it was a necessary thing for the child that these cases should be attended to. In cases where they were absolutely destitute I have attended to several cases, and the result is we have quite a number of operating cases to the credit of the school-work.

That brings us to the backward children. The class of backward children has been greatly decreased by attention to that side. This is only one phase of the subject, but it is a very important one.

There is another difficulty, as Dr. Arthur mentioned, regarding thorough examination of the child. Most certainly, where the medical man has no medical nurse to assist in the dressing and undressing of the children he has his hands full, and a good many of us cannot manage it. I think it is almost impossible to give them a thorough examination, although it is a most desirable thing.

The Chairman: I hope we all appreciate the fact that we are here to learn and to educate. The Government has called together, or the Health Department, this Convention, and they wanted our experience, and our views—our difficulties as well as our successes—that they might better organize the work to improve the service. We have had a paper and discussion by those carrying on this work in the larger centres of our Province, but the work is going on in a lesser degree, as far as it is able to go on, in the smaller centres, and we would be glad to hear from any of those who are carrying on the work in the smaller centres.

Dr. Petersky: As a man who has had experience only in rural districts, I think the Convention has an idea now that I have only had difficulty in my work. I have not found great difficulty; I have gotten out of difficulty. I think this Convention is a place to bring difficulties to.

With regard to the schools, I mentioned the teachers were not quite what they should be. I have got through examinations and had the teachers act as nurses for me, and they were quite willing to do it, but you have to use a certain amount of tact. Once in a while you come across one you can't do anything with.

I want to take issue with Dr. Arthur on one point; I think she has said the money expended in country schools is wasted, practically, because there is no treatment. I find in my experience, particularly in dental work, and the eye, ear, nose, and throat, a certain percentage were attended to—not as promptly as in the cities, but the parents usually make trips to Vancouver or Victoria for other purposes, and take the youngster along and have it attended to at the same time. Usually I tell them if there is one man who can do it better than another. I think it is in the country where they attend to those things. You people who think you have all the cancer cases in the city, I would like to tell you that it is the country that acts as a feeder to the city. We are like a big railway company providing the passengers along the railway for the main line. Cases we cannot handle ourselves we send to the cities. We know the people better than you do in the cities, and sometimes the parents will apologize to me for not having these things attended to more promptly; but I know when I examine the children next year I find these teeth attended to, and probably other ones fixed up. Of course, some are not attended to at all. In the city you can get things done better and the teachers understand these points better, but we do not get the best teachers in the country because the salaries are not so good.

Dr. Isabel Arthur: I did not intend to say that money was wasted in the country schools, but that medical inspection could not be so efficient without following it up by treatment in every case. It is quite true many many children are treated from notices sent home. I find a large percentage of the children have been treated in these cases, but there is always a certain percentage of children who cannot be treated, whose parents have not the money to pay for the treatment, and if they cannot be given medical attention, the medical inspection cannot be as efficient as if it were carried further.

Dr. Brydone-Jack (replies to discussion): In regard to a certain amount of education on health matters in the schools, last year we had "little mother" classes conducted by the girls in Senior Fourth class. They received a course of instruction from about the first of April to the end of June. They were taught to look after babies and the general principles of feeding, and were given instructions such as would fit them to look after children to a certain extent when they grew up and became mothers.

There is some difficulty in rural districts as to examinations. That is why I emphasized having the parents present, because they could assist you and you could talk to them direct. The Victorian Order of Nurses will also assist when called up in medical-inspection work.

In regard to treatment, of course it is difficult here at the present time. In England they are having travelling dental clinics, travelling refraction clinics, rural school nurses, etc., and I think the Provincial Board of Health has that under consideration; it is simply a matter of time when they get it here.

The Chairman: Dr. E. B. Carder, of Vancouver, will now give his paper on "Poliomyelitis."

POLIOMYELITIS.

By Dr. E. D. Carder, Vancouver, B.C.

History.

In 1840 the first description of poliomyelitis as a definite entity was given by Heine, an orthopedic surgeon, in a monograph on the surgical aspect of paralytic conditions of the lower extremities in children, but containing a clear-cut description of the onset and acute stage.

In 1890 Medin published the first good clinical account of acute poliomyelitis based upon the extensive Swedish epidemic.

Smaller epidemics were reported from year to year, but no important additions to the existing knowledge of the disease were made until 1905, when Wickman, also studying Swedish epidemics, developed the epidemiology of the disease and its pathology, and described for the first time the abortive type. His exhaustive studies demonstrated conclusively the contagious nature of the disease. There remained, then, the problem of finding the infective agent.

In 1909 independent observers in Vienna, Paris, and New York succeeded in experimentally producing the disease in monkeys and in transferring it from one monkey to another. The infectious agent, according to Flexner, is a minute micro-organism which passes through the finest filter and can be demonstrated under the highest-powered microscope only, the difficulties attending its artificial cultivation and identification being such as to make useless the ordinary bacteriological tests for its detection. It resists freezing, is destroyed by temperature of 50 C., withstands glycerine and ½ per cent. carbolic, but destroyed by H_2O_2.

On the other hand, Rosenow, of Rochester, recently investigating a series of cases there and in New York, isolated a polymorphous streptococcus from the throat, tonsil, and central nervous system of poliomyelitis cases. This organism appeared to grow large or small, according to the medium used, even after passing through a Berkefeld filter. Using the organism in its large form, paralysis was consistently produced by intracerebral injections in rabbits and in monkeys. He suggested that the small filterable organism which has been generally accepted as the cause of poliomyelitis may be the form which this streptococcus tends to take under anærobic conditions in the central nervous system, while the larger and more typically streptococcic forms which other investigators have considered contaminations may be the identical organism grown large under suitable conditions.

However, three other investigators, Geo. Mathers, Nuzum, and Herzog, of Chicago, made similar claims for a gram-positive micrococcus which they had obtained from tissue of the central nervous system, tonsils, mesenteric glands, and from the cerebro-spinal fluid by lumbar-puncture during life. These organisms injected into monkeys produced definite clinical and

pathological poliomyelitis. This micrococcus, too, occurred in small and large forms, regarding which they point out the similarity to the virus of rabies which presents itself in a large form, the negri bodies, and in the small punctiform granules which pass a filter. Whether this organism is a secondary invader (perhaps analogous to the streptococcus in scarlet fever) which in culture may become more or less closely associated with the independent virus of poliomyelitis, or is itself the cause of poliomyelitis and capable of existing in filterable and non-filterable forms, is a problem demanding still further experiment and study.

Mode of Invasion.

The virus exists constantly in the central nervous organs, on the throat, tonsils, and nasal mucosa, and intestinal secretions of persons suffering or convalescing from the disease. It occurs less frequently in other internal organs, but has not been detected in the general circulating blood of patients. It is found also in the mucous membrane of the nose and throat of healthy persons who have been in contact with cases of poliomyelitis, who thus may act as carriers and convey the disease to others. This distribution applies to abortive cases as well as to the frankly paralyzed ones.

From experiment and observation it is accepted that the entry of the virus is through the upper respiratory mucous membrane, and likewise the exit is by the ordinary secretions of the nose and throat, and, after swallowing these, by the intestinal discharges. The fact that the disease has a distinctly characteristic seasonal prevalence—constantly reaching its maximum during the late summer and early autumn—is in marked contrast to the more common diseases generally believed to be transmitted by direct contact and to find access to the body through the respiratory tract, e.g., scarlet fever, measles, diphtheria, etc., which usually are most prevalent in winter and spring. This summer prevalence has suggested the idea of transmission by insects, but the case against insects has failed up to the present. The house-fly or other insect however, can conceivably become contaminated and mechanically convey the poison; therefore their exclusion from poliomyelitis patients should be religiously carried out.

It is generally accepted, then, that poliomyelitis is a human-borne contagious affection, the portal of entry for the virus being the upper respiratory tract—the naso-pharyngeal mucous membrane in particular. The infection can be carried by active and by passive carriers, of whom abortive and unrecognized cases are probably most important. The virus is resistant and, being protected by mucous secretions, can become attached to clothing, bedding, etc., to domestic animals and insects, and can be ground into dust and conceivably disseminated by wind. It has been found on the mucous membrane of the throat in a patient five months after the onset of the disease.

Pathology.

The virus, as we have said, seems to enter the body via the naso-pharynx—through the lymphatics of the upper nasal cavities which are in direct communication with the meninges. This view is strengthened by the anatomical findings. The earliest change in the nervous system is a hyperæmia and the collection of numbers of small mononuclear cells in the lymph spaces surrounding the meningeal blood-vessels. These lymph spaces are anatomically processes of the arachnoid spaces, and the lymph in them is in communication with the cerebro-spinal fluid. The blood-supply of the cord is derived from these meningeal vessels, and as the pathological process advances this perivascular infiltration follows along the vessels as they enter the cord from the meninges. A cellular exudate then surrounds the outer wall of the vessel, while it is also probable that there is some effect, either toxic or mechanical, on the intimal lining of the vessels, for hæmorrhages, minute or extensive, are frequent findings, and one of the prominent features of most cases is the extensive œdema. These three factors, then, cellular exudate, hæmorrhage, and œdema, all of them dependent on vascular change, may be regarded as the primary reaction of the nervous system to the virus of poliomyelitis.

The importance of the vascular system in determining the nervous lesions explains the fact that the cervical and lumbar enlargements of the cord are most affected, and that the anterior horns of the grey matter are more involved than the posterior, for these are the regions of the cord to which the blood-supply is most abundant.

It has been suggested that the process by which the vascular lesions affect the nerve-cells may be a mechanical one. Now, it is impossible to deny the fact that the virus may exert some directly toxic action on these cells; nevertheless, in many ways the clinical and anatomical

pictures are readily explained by the circulatory disturbance and the exudate. On such hypothesis the damaging effect can result in part from the direct pressure on the nerve-cells of haemorrhage, œdema, and exudate. There is also the additional factor of anæmia following the constriction of the blood-vessels by the same mechanism. On account of this pressure and anæmia the nerve-cells degenerate. If the haemorrhages are absorbed soon enough the cells recover their function. If, on the other hand, the anæmia and pressure have been prolonged or excessive, the nerve-cells go on to complete necrosis.

The same sequence of vascular changes and subsequent degeneration of nervous elements is found, though to a much less degree, in the brain, medulla, and pons. The same, too, in the posterior root ganglion—i.e., vessels entering the ganglia, with degeneration and necrosis of the nerve-cells. The suggestion has been made that these lesions in the sensory ganglia account for the pain which occurs so constantly in the acute stage of the disease. The changes found in other organs are less striking, but practically as constant—viz., changes in the lymphoid tissue throughout the body and in the liver. So that the disease must be regarded as a generalized process affecting parenchymatous organs, lymphoid tissue, and most particularly the nervous system.

CLASSIFICATION.

The study of any disease is simplified if the various clinical forms can be grouped together into a few definite types. In poliomyelitis, in which we have a pathological process which may extend through brain, medulla, pons, spinal cord, and spinal ganglia, or which may be localized in any part of the system, the signs and symptoms may be very diverse; hence the difficulty is readily appreciated.

Passing over the various elaborate and detailed classifications, the simplest and best from the clinical point of view seems to me to be that of Peabody and Dochez, as follows:—

(1.) Abortive cases—in which no paralysis occurs:

(2.) Cerebral cases—those rare cases in which involvement of the upper motor neurone with resulting spastic paralysis is the chief characteristic:

(3.) Bulbo-spinal cases—the great majority of cases, comprising all those with lesions in the lower motor neurone and flaccid paralysis.

This classification is not absolute, of course, because many cases are not purely of one type, either anatomically or clinically.

SUSCEPTIBILITY.

Childhood is essentially the age which is most susceptible, though adults are not immune. In the New York epidemic of 1907, 89 per cent. of the cases were under five years. Both sexes are equally liable, and social status seems to be unimportant; moreover, those attacked are usually hitherto perfectly healthy children, though other diseases, measles, etc., are often mentioned as predisposing causes. Whether the greater immunity of adults is to a non-specific resistance which develops naturally with maturity without reference to previous exposure or infection, or is specific and acquired from previous unrecognized infection with virus of poliomyelitis, is a matter of speculation, though our admission to-day of abortive cases, until recently unrecognized, indicates a greater general susceptibility than has been generally thought. Poliomyelitis is one of the infectious diseases in which immunity is conferred by one attack, whether of the abortive or paralytic type.

The protective substances do not appear in the blood until about two weeks after the onset, and have been detected as long as thirty years after an attack. If 1 c.c. of such a serum be mixed with 1 c.c. of the active virus (which is merely a filtrate of a 5-per-cent. salt sol. suspension of the spinal cord of an infected and paralysed monkey)—if these be mixed in a test-tube, incubated for two hours, refrigerated overnight, and then injected intracerebrally into a monkey, the animal is protected and does not develop poliomyelitis.

COURSE AND SYMPTOMS.

In most typical cases of poliomyelitis the course of the disease is fairly constant. The incubation period averages eight to ten days. Following the incubation period and preceding the onset of paralysis, there is in the vast majority of cases a period marked by prodromal symptoms. These are at times of such a mild and fleeting character that they may be entirely overlooked, and there is, too, a small number of cases in which the acute stage with paralysis

seems really to be the first clinical manifestation. The duration of the prodromal symptoms is on the average one to three days. The severity is variable, and it is a generally accepted fact that the severity of these symptoms bears no relation to the extent or the course of the disease.

The prodromal period has until recently received little attention from clinicians, but now, in the light of our present knowledge and our hopes for a therapeutic control of the disease, assumes an unexpected prominence. It is during this period that we must isolate and quarantine if such measures are to be efficacious, and it is only in the prodromal period before an extensive destruction of nerve-cells has taken place that we can ever hope to make treatment efficient. This, therefore, is the most important stage in the course of the disease, for on its recognization depends the possibility of controlling the infection.

The most constant symptoms of this period are: Fever; drowsiness; irritability; hyperæsthesia; pain, both spontaneous and that produced by passive motion; weakness of a limb or group of muscles; gastric symptoms, e.g., nausea and vomiting (which rarely becomes persistent); constipation or diarrhœa seems to be immaterial. That is to say, the common history is that of a previously healthy child taken suddenly ill during the summer or early fall with fever, a moderate gastro-intestinal disturbance, pain in the head, back, or legs, and often becoming quickly drowsy. On physical examination there is stiffness of the neck with resistance to flexion; the Kernig manipulation of the legs and the passive motions are painful; the child is irritable and wants to be left alone.

A clinical picture which is suggestive in the presence of an epidemic, but which otherwise shows very little of specific diagnostic value. What other methods of diagnosis can we call to our assistance? The blood examination. Peabody and Dochez, of the Rockefeller Institute, say:—

"In the prodromal period, while the total leukocyte count varies within the normal, there is a tendency towards the upper limits, i.e., more cases showed counts well above the usual extremes than below. There is, too, a definite polymorph leukocytosis, while the lmyphocyte percentages are distinctly below the usual figure. After the onset of paralysis there is a constant and well-marked leukocytosis, 20 to 30,000. There is also a constant increase of 10 to 15 per cent. in the polymorphs, and as constant a decrease of 10 to 15 in the lymphocytes. The other forms of leukocytes show no abnormalities."

The Spinal Fluid.

Without going into details, I will present the findings of the Rockefeller Institute in sixty-nine cases on this point, briefly and dogmatically:—

Fluids: Clear, a few slightly opalescent.

Pressure: Normal or slightly increased (unsatisfactory because patients were usually crying children).

Cell-count: Increased at first 35 to 990 per cm., gradually decreasing as the case progresses. In some few instances there were polymorphs, but usually at all times were from 80 to 100 per cent. mononuclears.

Globulin: Low at first, but increases during second and third week, then gradually falls.

Reduction of Fehling's is present and usually prompt. Because the blood picture and the spinal-fluid examination seem also to lack specific diagnostic features, it would be wrong to conclude that they are of no assistance, because, taken in conjunction with the history and the clinical symptoms, frequently the diagnosis can be made.

The acute stage is arbitrarily considered as the period between the onset of the paralysis and the disappearance of tenderness on spinal flexion. Fever is not a characteristic of this stage and has usually markedly subsided. Pain is a constant feature, and in general may be said to be spontaneous pain—pain caused by manipulations or tenderness to pressure of the muscles. There are some cases in which stupor is a marked early symptom. To these the term cerebral has often been loosely applied, but not accurately, because the paralysis accompanying has been of the lower neurone flaccid type, and they must be classified as bulbo-spinal. The paralysis is and has been the prominent feature. In the vast majority of cases (the bulbo-spinal type) it is a flaccid or lower neurone variety involving muscles or groups of muscles rather than limbs or areas; the distribution is quite unsystematic.

As to the relative frequency of various muscle groups, statistics show that in the great majority of cases muscles of one or both legs are affected, and in nearly 50 per cent. of cases the paralysis is limited to the legs. In the upper leg the quadriceps is most often paralysed.

in the lower leg the anterior group of muscles, i.e., peroneals, flexors of foot, and extensors of toes. Extensive leg paralyses are frequent, but complete and permanent paralysis is not the rule. In the arm the shoulder-muscles, more especially the deltoid, are most often involved. It is the general observation that the proximal muscle groups are more apt to be paralysed than the distal, and that after paralysis the distal recover more quickly and certainly. Paralysis of the spincters is very rare. Many have bladder disturbances, requiring catheterization, but this is a transient condition and probably analogous to that seen in the febrile conditions.

Practically all cases dying of poliomyelitis without complications die of respiratory failure, due to paralysis of the intercostals and diaphragm. The phremic nerve arises from a large number of roots from the 3-, 4-, and 5-cervical segments, and possibly this accounts for the fact that the action of the diaphragm is so rarely interfered with. Bulbar paralysis—most commonly the cranial nerve affections form part of a general process in which the cord is simultaneously affected, though occasionally bulbar paralyses may occur alone. The facial nerve is that most often found, though it is suggested that slight attacks of poliomyelitis may be a frequent unrecognized cause of strabismus.

The greater number of fatal cases comes under the heading of rapidly progressive cases, showing the symptom complex known as Landry's paralysis, i.e., an ascending paralysis involving first the legs (or arms and legs), intercostals, arms, neck, and diaphragm.

CEREBRAL CASES.

Just a few words as to cerebral cases. In 1885 Strimpell first called attention to the analogy between certain forms of cerebral paralysis in children and poliomyelitis. He analysed twenty-four cases, nineteen of which were below the age of four years. The onset was sudden, and there was an initial stage with fever, vomiting, and convulsions; then followed a hemiplegia, or a monoplegia of arm or leg or an ataxia without paralysis. There was no atrophy of muscles, no reaction of degeneration, and reflexes were usually exaggerated.

In 1898 Medin during the Swedish epidemic noted three cases with fever, drowsiness, convulsions, spastic hemiplegia, and exaggerated reflexes. In two of these the sixth cranial nerve was also paralysed, thus forming a connecting-link between the spinal and cerebral forms. Thus there are some cases, rare it is true, in which the pathological lesion is in the brain itself, and in which the clinical manifestations suggest a disturbance of the upper motor neurone. On the other hand, there are some facts which, assuming such a classification, are not easily explained.

(1.) In spite of the fact that monkeys are usually inoculated with serum intracerebrally, the paralyses are always spinal and not cerebral.

(2.) With the tremendous increase in the incidence of poliomyelitis during the past few years and its more general recognition, it is remarkable there has not been a corresponding increase in the number of cerebral cases reported.

Lastly, the abortive type of case. These are the cases of poliomyelitis which do not develop paralysis. They are believed to contribute at least 50 per cent. of the total. They are just as truly and dangerously poliomyelitis (from the contagious standpoint) as the frankly paralytic cases, except that the nervous system has been spared. The blood-serum of abortive cases neutralizes the virus in vitro just as does the serum of paralysed patients, and the spinal-fluid picture is similar. The symptoms, apart from the paralysis, are similar and need not be repeated here.

PROGNOSIS.

Prognosis in poliomyelitis is a complicated problem. We are asked to foretell:—

1st. In the preparalytic stage, whether paralysis will occur.

2nd. When it does occur, will it advance?

3rd. How much residual paralysis.

4th. Question of life and death.

As to the first, it is impossible to tell by any symptoms or signs whether paralysis will or will not occur, though twitchings and convulsive movements in the muscles have been cited as indicating the area affected.

As to the second, will it advance? As a rule, the initial paralysis is maximum and final, but there are enough examples of delayed involvement to make anticipation of further paralysis justified up to the seventh or eighth day.

As to the question of life or death: In a general way we may say the mortality has varied in epidemics from 6 to 25 per cent. In younger children the outlook is better than in older ones and adults. But such statistics are of little help in the presence of a given case of poliomyelitis, for this reason: In poliomyelitis there is a peculiar element of chance not present in other infectious diseases—viz., the accident of the lesion destroying the phrenic and intercostal centres simultaneously, an accident which is always fatal.

In most acute infections we regard death as due to a toxæmia which overwhelms the body and interferes with its functions until finally some organ, usually the heart, weakens and fails. But in poliomyelitis, while in some few instances death is due to a complication, usually bronchopneumonia, ordinarily the toxæmia is a negligible quantity and death is essentially a mechanical one due to paralysis of the muscles of respiration. It occurs most often on the fourth or fifth day of the paralysis.

TREATMENT.

Whatever the future may bring forth, we to-day have to admit that there is no specific therapy by which the onset of poliomyelitis may be warded off, the paralysis prevented, or the resolution of the inflammatory process and consequently return of function hastened.

The problem of treatment is, then: First, to prevent the spread of the disease; second, to treat the symptoms; third, restore muscular efficiency; and, fourth, to prevent and correct deformities.

First: Prophylaxis. The incubation period is probably about eight days. The infectivity is unknown, but has been arbitrarily fixed at less than six weeks. It is spread by personal contact, though there may be other contributing causes at present unknown. Admitting that owing to unrecognized abortive cases and carriers effective preventive measures are difficult, we can only at present demand the following:—

(1.) All suspected and recognized cases must be reported:
(2.) Patients are to be isolated for six weeks just as carefully as we do scarlet fever, for instance, with windows screened, animals excluded, etc.:
(3.) All discharges, naso-pharyngeal and intestinal, to be destroyed:
(4.) All contacts quarantined or at least under observation for two weeks after last exposure:
(5.) Regulation or prohibition of intimate congregation of children.

Second: During the acute stage absolute rest in bed is an essential: thus will the damaged cord have the best chance for repair.

Cold sponging is inadvisable, tending to cause increased congestion of the central nervous system. The value of an ice-bag to the spine is also doubtful. These cold applications cause an increase of pain.

Constipation should be avoided and the child must not be allowed to forget to urinate; catheterize if necessary, for there may be at first some loss of bladder irritability.

Pain is the most prominent sypmtom demanding attention. This is most often due to passive motion, thus indicating the necessity for care and gentleness in handling the patient.

Heat, dry heat, wrapping the limb in cotton, etc., is a simple method of alleviating. Immobilizing by splint or sand-bag is helpful.

Opiates may be necessary and should not be withheld from children because, unlike adults, they cannot voice their demands.

Contractures and deformities occur early from the pull of unaffected muscles and the overstretching of injured ones if great care is not taken. Dropped foot is perhaps the commonest, so a cradle should be used to support the bedclothes and the foot kept at right angles. Sandbags may be used or light apparatus. The danger of restraining apparatus is that the limb may be kept too quiet and prevent active efforts to use the muscles at a time when motion should be encouraged. A good rule is to apply the apparatus at night only and leave the limbs free to move during the day. The phase of convalescence begins with the disappearance of tenderness and lasts from one and a half to two years, after which the condition has become more or less stationary.

The pathologic condition at this stage is that the hæmorrhagic myelitis is subsiding, the perivascular infiltration is being absorbed, cells are resuming their function, and the clinical manifestations of these processes is expressed by what we term "spontaneous improvement."

This is the period when the problem arises as to when the case ceases to be a medical one and comes in the sphere of the orthopedist. A too early resort to surgery and mechanical methods may cause the patient to rely too much on these and cease developing his muscles to their utmost, while, on the other hand, it is unfair to postpone the assistance of the orthopedist until deformities have occurred.

At this stage Lovett, of Boston, favours ambulatory treatment, i.e., the patient is permitted to be up and about, insisting strongly, however, on the avoidance of fatigue. His general rule as to apparatus at this time is that it is to be used if the patient cannot stand without it, or if in standing or walking a position of deformity is assumed, because deformity leads to stretching of soft parts, and, if persisted in, to permanent bony changes.

The therapeutic measures to be used locally are massage, electricity, heat, and muscle-training. Massage is used only after all tenderness has disappeared, and then very gently and briefly. Its proper use retards muscular atrophy and promotes muscular tone; more than this must not be expected of it. Its overuse is responsible for much harm. Electricity has done more harm probably than good; he does not advocate it. Muscle-training, however, is the measure of greatest value at this stage. Muscle-training attempts to force an impulse from brain to muscle, to enable it, if possible, to open up new paths around affected centres in the cord. It is based on the fact that as a rule the entire nervous control of a given muscle is not wiped out as a whole, but only in part. It is universally agreed that one voluntary effort on the part of the patient is worth a dozen passive movements made for him. One should not forget that over-stretched muscles are placed at a disadvantage, and that fatigue and overtreatment by massage and exercises are detrimental factors of the highest importance.

The third stage is called the stationary stage, and begins about two years after the onset. The dominant requirements of this stage are operative, and are, first, the correction of deformity, and, second, operations to improve functions.

Just a word now as to drugs and specific treatment:—

(1.) Urotropin has been used more or less extensively as a therapeutic measure. However, when we stop to consider that in urinary conditions it has no antiseptic effects except in an acid medium, we cannot expect it to show much germicidal activity in the cerebral-spinal fluid, which is alkaline. Its use, I think, has been discontinued.

(2.) Adrenalin was advocated by Meltzer, of New York, though both the Rockefeller Institute and the Health Boards of New York discredited it. He injected ½ to 1 c.c. of a 1,000 sol. intraspinally every four hours for several doses. His reasoning, however, was interesting even if not convincing. He said: "Any inflammatory focus is surrounded by zones of hyperemic exudation and œdema. Experimenting on rabbits' ears, he found that an injection of adrenalin caused the zones of exudation and œdema to disappear completely for some time and reduced the inflammatory swelling to a small focus in the centre. The pathological condition of the cord in poliomyelitis is a similar one; the procedure is harmless, at any rate; therefore, if the same effect can be produced even temporarily, it is worthy of trial."

Ordinary blood-serum has been used injected intraspinally from parent to child. Horse-serum in the form of antitoxin likewise, but with no definite results. Lumbar-puncture is advocated, particularly in those cases showing signs of pressure or prolonged stupor, with apparent good effect symptomatically. Serum from convalescent patients—even those recovered, twenty-five to thirty years—is used, and does seem the logical procedure. It contains protective bodies which, as we have noted, will neutralize the virus when mixed in vitro in certain proportions, and will effectually prevent the experimental production of the disease in monkeys. The difficulties are, of course, the limited quantity to be obtained from convalescent human patients. It is injected intraspinally after the withdrawal of a certain quantity of cerebral-spinal fluid, just as is done in meningitis, and repeated at intervals.

A suggestion has been made by Wells, of Chicago, that the injections should be given intravenously, reasoning that the lesions in the cord are essentially perivascular infiltrations, and also that the lesions are not confined to the nervous system, but involve various other tissues and organs (lymph-glands, etc.). Moreover, a much greater quantity of serum containing the necessary antibodies is thus introduced to the patient.

Summing up, then, our knowledge of the disease, we must admit that our position in regard to poliomyelitis, its prevention, its diagnosis, and its treatment, is unsatisfactory to-day. Never-

theless, with the study and investigation that is being devoted to it, we can with assurance expect in the near future a scientific solution of the problem; a solution which will include a practical and reliable diagnostic test for the detection of clinical cases and carriers; a rational scientific cure of the disease itself; and, thirdly, what in view of the character of the disease and the early disastrous effects is much more important, a means of conferring artificial immunity against it.

DISCUSSION ON DR. CARDER'S PAPER.

Dr. R. E. McKechnie (Vancouver): I have listened with much pleasure to Dr. Carder's paper and must congratulate him on it. It is very comprehensive and he has brought the subject up to date. There is very little that can be added to what he has read to us. The only unsatisfactory thing about it is, there are so many indefinite things as to the nature of treatment, etc., but the paper is a particularly good one and thoroughly up to date, and Dr. Carder is to be congratulated on his résumé of the subject. My first acquaintance with it, the first case I ever saw occur in practice, was a relative of mine. I cannot say that I recognized it at that time, because I had known the youngster from the time I was a youngster myself; she is about my own age and still living.

Dr. Carder gives three types—one cerebral type; this was the cerebral type. The second case was diagnosed in Montreal General Hospital by Dr. Stewart in 1890, the same year Dr. Carder quotes the authority giving the first thorough description of the disease. Of course, no one had any idea as to whether it was an infectious disease or not. The case was in one of the general wards, and subsequently I saw other cases in the general wards.

In my own practice, in the ten years, or a little more, that I was in Nanaimo District I saw some five cases—no two cases in any one year—and that shows no infection occurred in those cases. Since I have been in Vancouver I have seen several cases, but as my work is largely surgical I do not run into it so much, and I fancy our climate is a good climate or we would see it more often.

In discussing the virus or germ that causes this disease, there is something which makes us think of goitre. We have heard of the transmission of goitre through drinking-wells, and in the District of Lillooet we find the sheep and dogs have goitre, so we find the production of goitre is, like the production of poliomyelitis, from a certain virus. There is a similarity between the two—the germ that produces the virus, which produces one, passes through a filter the same as goitre virus; both can be cured by heat; neither by cold, so there is a little similarity. I would like to see that one of the subjects for your next meeting for the study of goitre in British Columbia.

There is one point in Dr. Carder's paper which he brought out very nicely; that is the partial theory of the cause and symptoms in these cases. It is the mechanical theory, and to my mind is the correct one. Many of these cases are recognized by symptoms of paralysis. In more than one case the child was found paralysed when first noticed. That brings me to a case I have in the hospital at this moment. A man was being hoisted out of a mine in a bucket with several other men and there was a beam that had to be passed where men were supposed to duck their heads. This was the tallest man in the bucket and he could not bend, could not miss the beam. He was struck on the head and there was a sharp twist and fracture of four cerebral vertebræ. He was paralysed in both arms and both legs when he came to the hospital. The censory columns are not much injured because he has complete sensation. There is some little injury, the same as in poliomyelitis; but his anterior columns got the brunt of the damage, the same as occurs in poliomyelitis cases. Here is where the similarity comes in between poliomyelitis and a traumatic case. The result in each case will depend on the number of nerve-cells which are absolutely destroyed, the number of nerve-cells partially destroyed that later will die, the number that have been partially injured and will recover, and the number that have not been hurt at all; and that all happens in a traumatic case almost immediately, and in a poliomyelitis case almost immediately. You have to direct your treatment to the conditions which already exist. Medicines are not going to do any good. Your first duty will be to combat the present condition, treating symptomatically only, and later on you will come to the mechanical and mental treatment of the case. Dr. Carder has emphasized the fact that death in this case is mechanical, the same as in traumatic cases.

One of the most valuable assets in treating these cases is optimism. A doctor who is not optimistic ought to be put out of the profession. When you have a long-drawn-out case like poliomyelitis, it is going to take a great deal of optimism.

The most valuable therapeutic agency is volition; that is, for the will to work to make the muscle work. One attempted move is worth a dozen passive movements. That is the most important part in the early stage of the case. In dealing with children two or three years old, you cannot impart much optimism to a youngster of that age, but you probably can to the mother or the nurse in attendance, and this will help to cure the condition. In older children and in adults you can impress the importance of this on them and so make them help to cure themselves.

Another important point Dr. Carder emphasized was the danger of overdoing your exercises, the danger of fatigue. You can eat too much meat or too much bread; you can overdo almost anything, and you can overdo exercises. Take the case of poliomyelitis, where you have some nerve-cells whose vitality is in the balance, you can overdo the exercises. You have to use your best judgment in working along those lines. Following that, if the case is left alone, you will have contractures; one set of muscles has been paralysed, but the opposing set is still active, and you will have contractures. If you go to the military annex hospital you will see them working with patients along these lines, not cases of poliomyelitis, but of injury to the nerves by military wounds, and such a line of treatment will be used here.

I have not touched on the important discussion at all, but purely the Department of Health aspect of the doctor's paper; I leave that to the others. His paper covers much of what I have been enunciating here and much of what was in my mind.

Dr. Stanier: I cannot add anything at all to Dr. Carder's most exhaustive paper on the scientific aspect, but I can speak from a personal point of view. I think it was in the fall of 1911 I had an epidemic of this in the Victoria District. It was a long, hot, dry summer, when we could expect something of that kind. Perhaps that obviates the growth of that particular disease, the same as we get spinal-meningitis cases after a cold, wet winter.

It must have been about September 15th; I had been camping, and a case occurred that had not been diagnosed on the other side of the bay, about three miles away, a young chap about twelve, and he was dead by the time the doctor arrived. I did not see the case at the time and was not paying much attention to it, as I had been on my holidays. The next thing I heard was that a dog was paralysed in the hind quarters, and then my own setter came in completely paralysed in the hind quarters. Shortly after that I was out shooting and I was seized with a violent pain around the loins and lower spine, and I could not get back to town; I remember the agony of that day. The paralysis occurs, of course, much more frequently in youth, but I was not the only adult case. I cannot to this day stand any great strain, on account of weakness in the spine.

Dr. Carder says about 50 per cent. are abortive cases. I was in Toronto about two years ago and I was told they considered ninety-eight cases of meningitis occurred for two that were recognized, because the symptoms were not definite enough. This is the case in poliomyelitis; only when it gets into the nervous system is it recognized.

As regards treatment, my case was diagnosed, a doctor was in attendance. I realized I was seriously ill, terribly constipated, and wanting to lie down—very tender and not much use of my legs. Continued heat was the only thing that could be done to relieve it. I can understand that now, since hearing the description of the vascular changes.

As regards the effects, a boy came into my office the other day; he was about six or seven years old; he had this when an infant, and he has now practically complete paralysis of the biceps and triceps of the forearm, and hand cannot be used. I took an X-ray, and have tried to restore the muscular condition, but he is liable to dislocation on account of the loose condition. I am putting his arm in a rectangular splint. I find that massage is decidedly a good thing, but should be only mild in the early stages.

Dr. Carder (replies to discussion): The hour is late, and I do not think there is anything I can add, except perhaps to draw attention again to what I tried to emphasize in the paper. There is a tendency to want to do something too early, probably against their own better judgment. That is one point that should be carefully considered. Absolute rest is essential, and, better still, immobilization; do not be afraid to put a cast on or a splint. I think in New York 100 children are practically encased in plaster. And immediately after the plaster cast is applied

the pain eases and the children are quite happy. Absolute rest is therefore essential. In time passive movements should be encouraged, and you can encourage the child to move, because, as stated, it is better than passive movement, but to do this too soon only causes damage to the nerve-cells and increases the irritation. It has been suggested that even four or five months should elapse before massage is applied.

The Chairman: That concludes the programme for to-day. To-morrow morning we have some exceedingly interesting matter and a discussion of the question of tuberculosis.

The Convention adjourned at 5.30 to 9.30 to-morrow morning.

Thursday, September 13th, 1917.

Morning Session.

Dr. F. T. Underhill in the chair.

The Chairman: I will call this meeting to order. We have a long and very important programme before us to-day, and we have first this morning the question of tuberculosis, in which we are all interested in this Province. I am not going to take up time and I will simply ask Dr. Vrooman to read his paper. By the way, discussion will be opened by Dr. Wesbrook, and then we will ask Dr. Walker and Dr. Proctor to speak to this paper.

Dr. Young: Dr. MacLean received a letter this morning from Mr. Harris, Secretary of the Vancouver Association for Promoting Speech of the Deaf. (Reads letter.) If occasion will warrant during the day I will phone the office and we may be able to have some talk on this very interesting subject.

Dr. Vrooman then read his paper on tuberculosis.

TUBERCULOSIS: HOW SHALL IT BE HANDLED IN BRITISH COLUMBIA?

By C. H. Vrooman, M.D., C.M., Medical Superintendent, King Edward Sanatorium, Tranquille, B.C.

In 400 B.C. Hippocrates wrote concerning tuberculosis: "The greatest and most dangerous disease and the one that proved fatal to the greatest number was the consumption." So that the problem we are considering is one which has afflicted the human race for many thousands of years. Hippocrates' description of the long-drawn-out illness of an advanced case of consumption is wonderfully accurate. In other medical writings of this time there is distinct evidence that the medical men of ancient Greece believed in the contagiousness of consumption. Yet it was only in 1882, thirty-five years ago, that Robert Koch discovered the tubercle bacillus, and we have since that time been able to make great progress in the study of the pathology of tuberculosis. As our present methods, both of treatment and prevention, rest on the essential pathology of tuberculosis, it is necessary before considering those subjects to briefly review our present-day knowledge of the pathology.

To quote again from the father of medicine: "I look upon it as being a great part of the art to be able to judge properly of that which has been written. For he that knows and makes a proper use of these things would appear to me not likely to commit any great mistake in the art." Out of the volumes that have been written on tuberculosis certain conclusions now appear to have been reached, based upon accurate scientific observation and experiment. With Hippocrates' admonition in mind, let us examine briefly some of these conclusions and apply them to our present needs.

The tubercle bacillus is the most ubiquitous parasite the human race has to contend with. It is so widespread, both in man and animals, that there is no doubt that we all, before reaching adult years, become its unwilling host, and the most of us without doubt remain the host of living tubercle bacillus during the rest of our days. It is then only because of the high immunity we have developed as a race to this parasite that only about 10 to 15 per cent. of us become clinically ill with tuberculosis. The rest of us accommodate the invader like the Allies did the German spies in the pre-war days—without knowledge, care, or suspicion; but to carry our analogy still farther, these same spies may, when in sufficient numbers, and at a time when our defences are least prepared, lead an invasion that may as suddenly overwhelm our organism as the Germans did Belgium in 1914. It will be readily seen that being infected with the tubercle bacillus does not necessarily mean that one is ill with tuberculosis and requires treatment. If

that were so, 90 per cent. of the white race would require treatment. It is only when the infection is sufficiently massive to produce symptoms that we speak of a person being ill with tuberculosis.

Chronologically, the earliest tuberculosis encountered is the bronchial-gland tuberculosis of children. The researches of Shon* and others show that the most common mode of entrance is by inhalation, and the setting-up of a small focus of infection in the lungs. This primary focus generally heals, but the bronchial glands draining the area become infected, and if the infection is sufficiently massive we may have developed the well-defined clinical symptoms of bronchial-gland tuberculosis. There is no doubt, as shown by the experiments of Ravenal† and others, that the bronchial glands may be infected from the intestinal tract, and that the ingestion of infected food may cause glandular tuberculosis without lesion in the intestines. The balance of evidence seems to be in favour of the hypothesis that most infection is conveyed by inhalation of tubercle bacillus, either in dust or moist droplets, eliminated by open cases of consumption. The chief means, then, for the spread of tuberculosis is the advanced and open case. Bovine tuberculosis may be, undoubtedly, conveyed by milk, and is the cause of a great deal of bone, joint, skin, and intestinal tuberculosis in children, but it is rarely a cause of pulmonary tuberculosis. Not more than one-twelfth of all the tuberculosis that has to be dealt with is due to bovine origin. In a country like British Columbia, where cows are kept well tested, the bovine tuberculosis originating in this Province must be exceedingly small.

Age of Infection.—About 15 per cent. of children are infected the first year of life, about 50 per cent. the first five years, and 80 per cent. are infected the first fourteen. While the mortality is comparatively high during the first two years, after that, from two to fifteen years, the mortality from tuberculosis is comparatively low, and during this period it is the milder forms of tuberculosis that we have to deal with. The mortality starts to rise at fifteen and maintains a high level until about forty, when it drops again.

Bronchial-gland Tuberculosis in Childhood.—Bronchial-gland tuberculosis in children may be divided into three classes:—

First: Those in which the primary infection is small and the general resistance large. The body-tissues react well to the invader; all the defences are on the alert; and there is a rapid formation of fibrous tissue around the infected gland, and the parasite is promptly walled off. These children probably never have any symptoms, and the effect of this small invasion is, on the whole, good for the organism, as there is developed a certain immunity to subsequent invasions. There is also developed the well-known hypersensitiveness to the various tuberculin reactions—Von Pirquet's, Moro's, etc. Though a person may never develop any clinical symptoms, this hypersensitiveness continues throughout life. It might be as well to emphasize this point, as there is a tendency sometimes to give undue weight to a positive skin reaction. A positive Von Pirquet always signifies infection at some time with the tubercle bacillus, but it is so delicate that it may be produced by an exceedingly small focus well healed and doing no harm to the organism.

Second: Those in which there is a moderate invasion the tissues react fairly well, but a number of glands become involved. There are little, if any, clinical evidences of infection. There is for a time a "biochemical balance" established between the host and the parasite. At any time, though, that this biochemical balance is disturbed there is a multiplication and a renewed activity of the parasite until we have the third type.

Third: By reason of a continuous or massive infection, or because the biochemical balance is disturbed by the disease, such as measles, whooping-cough, etc., or bad living conditions, we may have what is the most frequent type of early clinical tuberculosis in children from two to fourteen.

Allow me to quote a description of these cases from a recent article:‡ "Clinically, these children present histories which are fairly typical. In these histories one may or may not be able to trace the source of infection. If the parents are of average intelligence, however, one can trace the source of infection in a very much larger percentage of cases than is possible in older individuals. Quite naturally, of course, one would hunt this source of infection in the immediate family of the patient. Failing there, one is often able to find it in the close vicinity of the patient's home.

* Shon, A. The Primary Lung Focus of Tuberculosis in Children. Trans. E. Barty King. 1916.
† Ravenal, M. P. Jour. A.M.A., 1916, LXVI., 612.
‡ Gekel, W. A. Arch. Int. Med., 1917, Vol. XX., 32.

"Coming to the history of the case itself, we find that, on close questioning, the parents will often say that the child has stopped growing, or does not seem to gain in weight. Along with this the parents will notice that the child does not have the energy that other healthy children have, and does not have the same inclination to play. The child tires easily, is apt to be irritable and cross. The appetite is slightly below par and is often capricious. There may or may not be some digestive disturbance. Often, however, constipation is noted, possibly due to the lack of exercise on the part of the child. Sometimes these children will have night-sweats, and the mother on close questioning will recall that the child has been feverish in the afternoons. There may or may not be a slight cough, which is hacking and unproductive. If the child is going to school, the teacher will often complain that he is inattentive and does not seem to keep his mind on his school-work. Occasionally one will be able to obtain a history of a pleuritic pain. As will be noticed, most of these symptoms are constitutional symptoms which may be present in other conditions, such as chronically diseased tonsils, middle-ear disease, and other cryptic infections. Undoubtedly many of these little patients have had their tonsils removed in the belief that this was the cause of the constitutional condition.

"On physical examination one finds a child that is slightly undernourished, apt to look pasty, slightly anæmic, and not seldom stunted in growth. If there are diseased tonsils or middle ears present, there may be a slight enlargement of the cervical glands, which, however, are not necessarily tubercular. If there are decayed teeth, one is apt to find a similar enlargement of the submaxillary glands. Inspection very often reveals a slight or sometimes marked enlargement of the superficial veins of the chest, both anteriorly and posteriorly. The mobility of the chest-wall on respiration is seldom retarded, and is usually equal on both sides. There are very rarely evidences of any retraction. A careful percussion of the interscapular region will occasionally reveal a slight change in the note. Often after the fifth or sixth year one notices a slight diminution of resonance over the right apex, anteriorly and posteriorly, which does not necessarily indicate any underlying pulmonary disease. There are usually no evidences of pleuritic adhesions. Auscultation will give a positive D'Espine sign, very rarely any rales, occasionally friction-sounds at one base or the other. Along with the slight change of percussion to be found after the fifth or sixth year, one begins to notice a slight increase in the intensity of the breath-sounds over the right apex as compared with the left. This discrepancy between the apices is found from this age on, and may be considered normal.

"On observing such a patient for another week or two, one will find that the Von Pirquet reaction is positive in a very large percentage of the cases. The pulse is unstable, even when the child is kept quiet, ranging in the evenings from 110 as high as 140. The temperature will also be unstable, sometimes showing marked amplitudes, at other times showing evening rises to 99.2, 99.4, and 100 Fahr., and even higher. On prolonged observation over a period of months one notices, further, a flat-weight curve. Even on a carefully selected diet the weight of such children often remains stationary as long as a year before there is any increase."

This type of bronchial-gland tuberculosis in children is particularly amenable to treatment, and it is for these children that we should have our open-air schools and special sanatorium pavilions. By the early discovery and treatment of these cases many well-marked cases of pulmonary tuberculosis will be prevented from developing in later life. In other words, put these children under such conditions that their health is kept above par, and these infected and caseous glands will be enclosed in such a tough sheath of fibrous tissue that there will be little danger of them breaking down under the stress of early adult life. A man's immunity to pulmonary tuberculosis is to a large extent dependent on the strength of the fibrous capsule which walls off the infection received in childhood.

Phthisis Pulmonalis.—As pointed out before, the most of our cases of pulmonary tuberculosis show themselves between the ages of fifteen and forty-five. The parasite gained its entrance in childhood, and it lived a secluded and quiet life in the bronchial glands until the opportunity arose for it to multiply and replenish itself at the expense of the tissue and often the life of the host. That the infection of tuberculosis may occur from without in adults is deemed impossible by some, and all investigators admit it is most difficult to infect adults from without, and then only by massive and continuous dosage. Phthisis pulmonalis in adults is, in most cases, caused by infection from within. The point that pulmonary tuberculosis develops from reinfection from within, and not by infection from without, has an important bearing upon preventive measures.

Whether a person develops pulmonary tuberculosis from these enlarged and infected bronchial glands is more or less due to the occurrence of what might be called the accidents of life. As Krause puts it:* "The development of tuberculosis disease from old benign tubercle depends largely on whether the patient gets a cold, rows a race, or becomes pregnant at the wrong time."

One man may carry through life a chain of enlarged solerosed glands that never give him any trouble. Another may only have a few, but situated close to a bronchus; its wall may become softened, due to inflammatory changes produced by an acute attack of influenza, and it may ulcerate into the bronchus. The infectious caseous material is aspirated into the alveoli, and the practitioner is often surprised to find an attack of influenza developing into a tuberculous pneumonia. It is not within the scope of this paper to deal with the varied forms of pulmonary tuberculosis. Fortunately the great percentage of secondary infections are not so gross as to involve a whole lobe in a few days. The onset is generally insidious, only small areas being involved, and the patient at this time responds most readily to the treatment.

The absorption, though, of the products of the tubercle baccilli does cause definite symptoms, and the diagnosis, when made early, often means life to the patient, while delay in the diagnosis for six or twelve months without proper treatment often spells death.

It would be straying from my subject to go into the details of early diagnosis, but I would like to emphasize that diagnosis in most cases can be made by symptoms alone. Physical signs merely tell the extent of the disease. Slight cough, fever without discoverable cause, slight, but continuous, loss of weight and strength, anorexia, and indigestion—with these symptoms tuberculosis should always be excluded by a careful examination of the lungs. A history of hæmoptysis clinches the diagnosis without examination. An examination which shows a few moist rales after cough at either apex means in 95 per cent. of cases pulmonary tuberculosis and the patient should be treated as such. The occasional non-tuberculous case that would be treated is negligible in comparison with the number who would get treatment in the early stages if this simple rule were followed. It does not require exceptional skill to diagnose clinical tuberculosis, but it does require careful and prolonged examination. It is perfectly appalling the mistakes that some, otherwise good, practitioners make simply because of lack of care in regard for the essentials. There is scarcely a month passes in which I do not have a patient give me a history of a frank hæmoptysis in which some practitioner has not told the patient it was due to a hæmorrhage from the throat, or were assured afterwards that the lungs were all right. Hæmoptysis, unless due to some readily diagnosed other cause, such as mitral stenosis, always means active tuberculosis, and should be so treated whether there are any physical signs in the lungs or not.

Having traced our infection by the bronchial glands and shown how in early adult life this may under suitable conditions cause clinical pulmonary tuberculosis, it is not my purpose to further describe the many different forms that may develop. It will be readily seen, though, that a case is not always incipient because the onset of symptoms were of recent origin. Many cases are advanced when they first consult a physician. The terms incipient, moderately advanced, and far advanced have rather to do with extent of disease when symptoms are first observed and have no significance as to the time of onset. The proper classification, though, has a great bearing upon the prognosis and time required for treatment.

Cases that are incipient when discovered will sometimes, in spite of treatment, steadily progress and become far advanced and then become arrested. Advanced cases, with an apparently hopeless attack, will suddenly under proper treatment, and sometimes under most improper treatment, become quiescent, and the patient may be able to resume an almost normal working-life for a period of years. It is because of this that I hold no institution should be labelled a hospital for hopeless cases, and the proper function of all institutions caring for tuberculosis is to treat all cases who are ill. Such institutions should have wards arranged so that far-advanced and bed patients could be segregated from those who are not confined to bed. The prognosis and course of a case of pulmonary tuberculosis is varied so much by periods of quiescence and of exacerbation that in this more than any other disease we must exclaim with Hippocrates, "Experience is fallacious and judgment difficult."

Having thus reviewed briefly some of the facts known in regard to infection and pathology of tuberculosis, it remains for us to consider that most important of our problem—viz., prevention. On paper the problem looks simple enough.

* Krause, A. K. Am. Review of Tb., 1917, Vol. I, 65.

First: To put all in healthy environment, with good housing and proper food, which are essential preliminaries to good habits. This is a basic economic question and its discussion would carry us somewhat far afield. It may, though, be stated that any agency which tends to remove poverty, bad living conditions, and drink is going to help to remove the curse of the white plague.

Second: To recognize the disease early and put patients in the best possible circumstances to promote cure.

Third: To guard the community against the dangers associated with the advanced cases.

It is the two latter portions of the problem that we are more immediately concerned with in this discussion, and the paper simplicity of the problem somewhat disappears as the different activities involved in their complete solution are examined. To recognize the disease early means both education of general public and medical profession. And it means the provision of sufficient sanatorium accommodation where these patients may learn how to cure themselves.

To guard the community against the open infectious cases means, first, that these open cases shall be known to the Health Officer, and, when known, that he shall be able to keep them under adequate supervision either in hospitals or under safe conditions at home. The Health Officer who reports his community free of tuberculosis merely because cases are not reported to him by the medical practitioners is burying his head, ostrich-like, in the sands of ignorance. The co-operation of the practitioner can and must be secured, and the surest way to gain this co-operation is the knowledge by physicians that by notifying their cases real help will be given in the care of the patient and that the community will be benefited. The general practitioner is the backbone of the medical profession, and he is always ready to co-operate in any movement to benefit the health of his patient or the welfare of the community.

The headquarters of any campaign in any community against tuberculosis must be the establishment of a tuberculosis dispensary in charge of a specially trained dispensary nurse. The dispensary nurse should be the accredited agent of the Health Department, and her duty would be to actively search for cases of tuberculosis. She would keep under supervision all known open cases. When an advanced case was discovered she would arrange for the examination of all contacts, particularly children. She would arrange for the proper institutional care of all diagnosed as requiring that care. Her duty would be multifarious, but, in short, she would be the adviser and friend of all those afflicted with tuberculosis. The dispensary would be the clearing-house, and while part of the activities of the Health Department, it would be necessary to have the medical part of the work under the supervision of a physician having special knowledge of tuberculosis. This means that supervising the various dispensaries in the Province there would be a Tuberculosis Officer. It may be objected that dispensaries are all right for the larger cities, but how about the rural communities? There is to my mind no reason why there should not be dispensaries in the rural communities, but in the rural communities the work would be widened to embrace all health matters.

It would be useless to establish dispensaries unless there were hospital beds where patients discovered might be treated. It should then be laid down as a basic principle that all general hospitals should provide special wards for the advanced cases of tuberculosis in their community. It is quite true that in British Columbia all hospitals have to provide some beds for tuberculosis, but the number is ridiculously small. They are generally the poorest wards in the hospital, and in place of encouraging patients to be treated there the hospital authorities discourage them in every way possible. To provide anywhere near adequate accommodation for the tubercular cases requiring treatment there should be in British Columbia hospital and sanatorium beds equal at least to the annual death-rate from tuberculosis—viz., about 400. That would mean providing at Tranquille about 250 to 300 beds. The most of the beds at the sanatorium would be reserved for those likely to benefit by treatment, not necessarily all incipient cases, but moderately advanced and advanced cases, who have a chance to get well. There would necessarily have to be beds for advanced incurable cases, as not all are going to do well, and it is not possible to send every advanced dying case to their home hospital. It would mean seventy-five beds in Vancouver, thirty-five beds in Victoria, and forty beds divided among the other hospitals of the Province. In these hospital beds would be treated the open case awaiting admission to the sanatorium, and the advanced incurable case who wished to be near their friends during their last days.

In charge of the various dispensaries and acting as consultant to the various hospitals should be a Provincial Tuberculosis Officer. His work would be to supervise and co-ordinate the various anti-tuberculosis efforts, to act as consultant to the dispensaries and hospitals. His services should be available free to general practitioners in the diagnosis of suspicious cases. It must be recognized that very few practitioners have had the opportunity of obtaining special knowledge in regard to the diagnosis and treatment of pulmonary tuberculosis. It is only of recent years that medical students have been given the opportunity to study early cases of pulmonary tuberculosis in sanatoria or special hospital wards. This, then, would be the scheme:—

First: To establish in the various centres of British Columbia tuberculosis dispensaries under charge of a specially trained nurse. This would be the central bureau. Cases would come here for diagnosis, advanced cases sent to suitable hospitals, cases who might be benefited sent to the sanatorium, predisposed children kept under supervision, patients discharged from the sanatorium would report here for re-examination, etc.

Second: The provision at once in this Province of beds for the special care of pulmonary tuberculosis equal to the death-rate—viz., 400.

Third: In charge of the dispensaries and acting as consultant specialist, a Chief Tuberculosis Officer.

This scheme is no experiment: it was first originated by Sir Robert Philip, of Edinburgh, and has been adopted in the British Isles as the best scheme in both rural and urban districts for handling the tuberculosis problem. That it is effective is shown by the fall of the death-rate in the communities where it has been tried. In 1900 the death-rate in England was 19 per 10,000; in 1910 the death-rate from tuberculosis was reduced to 14.3 per 10,000. The most marked reduction has occurred in the communities where the most thorough methods have been adopted.

Still more striking comment upon the success of these methods was made recently by Dr. Hermann M. Biggs,* of New York, after a recent visit both to England and France to investigate the effect of war upon the incidence of tuberculosis.

Dr. Biggs says: "For many years in England an active anti-tuberculosis campaign has been carried on, and there has been a steadily and constantly decreasing death-rate from the disease. The death-rate from pulmonary tuberculosis there is now about 1 per 1,000 of the population, as compared with 1½ in New York State and 3 in France. England has the lowest tuberculosis rate of any of the great countries of the world. In contrast to England, France has done practically nothing before the war for the prevention of tuberculosis. Such anti-tuberculosis movements as had been taken were local and sporadic in character and were solely the result of private initiative. The sanitary authorities had never taken official cognizance of the disease, and notification of it is not required in France even now. There had been no provisions for institutional care either of early or advanced cases, and but few dispensaries.

"At the beginning of the war there were only 1,000 sanatorium beds in the whole of France for tuberculosis, and these were in private institutions. There was no provision for the care of advanced cases, excepting as they were received in the general wards of the general hospitals. (You will recall that this method of care was prohibited more than twenty years ago in New York City.)

"The death-rate from tuberculosis in France has been continuously high, and especially high in the cities, and has decreased slowly and but little. For the whole of France before the war it was nearly 3 per 1,000, and in many of the cities is was much higher. In some cities, as, for example, in Havre, the death-rate last year was more than three times that of New York City, and the tuberculosis death-rate alone of Havre was equal to 40 per cent. of the total death-rate from all causes in New York City.

"The results, as I said, are exactly what one would have anticipated—the development of tens of thousands of cases of tuberculosis among the troops. By the end of December, 1915, 86,000 soldiers had been returned to their homes with active tuberculosis disease. In February of this year it was estimated that about 150,000 had thus been returned, and more are constantly being discharged for this cause.

"The history in France has been repeated, I believe, from such data as are obtainable, in Austria, Hungary, and Russia, and to a less extent also in Germany. England alone has not suffered to any great degree, and this is because, first, of the low prevalence of the disease in

* Biggs, H. M. Am. Review of Tb., 1917, Vol. I, 257.

the civil population of England previous to the war; second, because the army was mobilized deliberately, and careful physical examinations were made, and those applicants who had suspicious histories or signs were excluded; and, third, because the English troops live under distinctly better conditions at the front than do the French, because as a nation they are fond of fresh air and outdoor life.

"The contrast between the present situation with reference to the tuberculosis problem as it exists in England and as it exists in France is most striking and instructive. France has suffered from the war infinitely more than England has thus far. Still Great Britain has raised an army of over 5,000,000 men, and no new or serious tuberculosis problem has been created. France, on the other hand, has a problem of such magnitude that it threatens even the future vitality and economic development of the French people. In England the tuberculosis problem has been efficiently met before the war; in France, on the other hand, practically nothing had been done. It is not, therefore, because measures for the prevention of tuberculosis are wanting or inefficient that tuberculosis has become such a serious problem in so many European countries, but it is simply because the well-tried measures have not been applied, both before and since the outbreak of war, in an efficient way."

This surely is sufficient evidence that it is our patriotic duty to protect the health of the people by a properly organized anti-tuberculosis campaign. The results of inadequately handling the problem, or leaving the matter to private effort, is well illustrated by Dr. Biggs's report of the appalling conditions in France at the present time. As a result of his report legislation has been recently passed in New York State making it compulsory for every county having a population of 35,000 to provide hospitals or sanatorium beds for the treatment of tuberculosis equal in number to the death-rate in that county from tuberculosis. It is the imperative duty of this Province to adopt such well-tried measures as have proved effective in England and other countries. Let us cease trifling with this problem, and let not future generations reproach us that they knew but did not act. With our splendid climate, our uncrowded cities, and our young prosperous people, there is no reason why we should allow the matter to drift until we have the enormous problem upon us that they have in some of the older countries of the world.

To carry on any effective campaign against tuberculosis in this Province means the expenditure of a large amount of money. It is much more than can be done by private philanthropy. Private philanthropy has been the pioneer, but it is now time the Province should act upon the knowledge already gained.

Public health is a purchasable commodity. Let the public understand that, once and for all time, and there will be no objection to the Province preserving for the people that which money cannot restore to them when lost.

Discussion on Dr. Vrooman's Paper.

The Chairman: I am sure we have all listened to this paper, this very valuable and instructive paper, on the question of tuberculosis which Dr. Vrooman has so ably put before us, and we are particularly struck by the fact that for once we are running down some method of prevention; but I am not going to speak on this at the present time: I wish to call on President Wesbrook to open the discussion. I would also ask all those who take part to give their names and places of residence so that the stenographer may take it down, and also speak on one side of the room, or in front here, so that all can hear.

Dr. Wesbrook: Mr. Chairman, Ladies and Gentlemen,—I wish first of all to congratulate myself and all of you upon having had the privilege of listening to Dr. Vrooman's paper. It is emphatic; it is clear; it does not advocate new and untried methods; it is a vindication of the practices which have been adopted, first, from a financial standpoint, and, secondly, backed up by Government in many countries of the world. Dr. Vrooman quoted Dr. Hermann Biggs a number of times. Dr. Biggs did more, I think, for municipal health, particularly in regard to tuberculosis, than any other one single individual in the world so far as I know. You may recall that in the early nineties, in order to get the people educated on tuberculosis and in order to stimulate an interest, sputum examinations were begun by the New York Health Department. They were made free. I remember at the time many people who had made themselves skilled in this kind of work used to protest against the city doing it for nothing, because it would interfere with the practice of medicine in that regard and interfere with fees. As a result of that, however, gradually the people and, still harder to do, the profession were educated as to

the economic and social importance of tuberculosis. We in the profession for many years had believed that every place in which medicine entered was holy ground, and that nobody was capable of understanding it unless he were a medical man. Gradually in New York they were able, through this publicity, to locate tuberculosis that otherwise would not have been located, and finally to make it a reportable disease, which completed the census of tuberculosis. That is the kind of thing that Dr. Vrooman is advocating for us here. Very aptly, I think, he pointed out the peculiar nature of tuberculosis, referring to its pathology and to its chronicity; to the fact that the tubercle bacillus had a double effect, one of stimulating tissue-growth, the growth of ordinary tissue, and of connective tissue, and when in large quantities at present it has a capacity of breaking down tissue. Now, these two processes are going on all the time, and the treatment of tuberculosis is based upon that; that is, the building-up of the system and giving nature a chance to wall in the infection. However, the tubercle bacillus is a long-lived bacillus. It is extremely resistant; it has in its envelope a very resistant material, and it may remain alive, if not actively growing, for months and for years. Now, this proves a hardship—at least, makes the difficulties greater of dealing with tuberculosis; but, on the other hand, it gives a chance to save the individual, if not whole, at least to save him if we find out in time that he has tuberculosis.

Dr. Vrooman pointed out very clearly to us that every one of us has at some time been struggling with tubercular bacilli in smaller or larger numbers. When the test first came out it was very discouraging to find that it was of value only in children, and we all reacted on this test after we got to a certain age. I was reminded, as he read his paper, of what I heard Osler say one day. Simon Flexner, before he went to Philadelphia and before he went to Rockefeller Institute, used to be at Johns Hopkins, and he was conducting an autopsy in order to find out the cause of death where the patient had died of something else than the diagnosis. At the time it was not thought it was tuberculosis; they didn't know what it was. It was a very interesting case, but, as Kipling says, that is another story; it was published later. I happened to see the first autopsy as the lungs were being examined, freely cut into, an old place—I forget whether it was calcified; I don't know; but while Flexner was conducting it Osler said: "Oh, we all have them." Well, that was very startling at that time. There were very few people who would have been as frank about it as Osler was; but that was true; they had to struggle with the tubercle bacilli, and in hundreds of autopsies on adults you will find a very high percentage—perhaps you placed it too high, Dr. Vrooman—well, it is probably safe; and you will see evidences of a struggle with tubercular bacillus. Now, that gives us our chance, while it makes for us also a very difficult problem, because you never could know when the battle has been won. It makes it all the more important, however, that we should have early diagnosis; and in order that Dr. Vrooman's plans, which are admirable, should be successful, it means that early diagnosis must be made, and it means that those who are capable of making them should be available.

Now, the physicians in this room are probably not very different from the physicians throughout the world, and in my experience probably not over 3 or 4 per cent. of the ordinary practising physicians, or physicians as they run, do make—I don't say they can't make, but they do not make diagnoses of incipient cases in many instances which come before them. Now, for Heaven's sake, we in the profession ought to be able to make a diagnosis long before the people on the street can. We don't want any curbstone diagnosis, across-the-street diagnosis. Temperatures, night-sweats, loss of flesh, cough, hæmorrhage—some of these things, the laity can make a diagnosis under those circumstances. Now, we don't give ourselves or the patients a chance if we don't do it. I know that great pressure is brought to bear upon the physicians; when a patient suspects that he has tuberculosis and goes to a physician, he is afraid: but if somebody will just take a good look at him, possibly look at his tongue and pat him on the back and say, "You are all right," that patient is very happy—used to be; but remember now that with this new axiom, that public health is a purchasable commodity, the people are taking a great interest in health and the principles which underlie it, and we are expected to be able to explain our problems in their language and to justify our decision. Now they are beginning to realize that when they go into a doctor's office to be examined for tuberculosis they may be stripped, and that an examination is to take some time; and many of them know about X-rays, some of them know about tuberculin, and they all know about the use of the stethoscope, percussion, and all that kind of thing. Now, it is no wonder that the people who are engaged in

the practice of medicine, and who have to deal with all of these branches, in certain of them are not expert. Now, I have a reason for speaking on this. I believe very much in Dr. Vrooman's idea. I believe that we should have the best possible expert in the service of the Government at the head of this tuberculosis movement. I don't believe, however, that we need local ones; and this war has upset all of our calculations. Before the war, as Dr. Vrooman has pointed out, experts on tuberculosis were extremely scarce, and now with the lighting-up of these cases, due to exposure and to bad physical conditions—because we have them in Canada as well as in France. We haven't any 400,000 or 500,000 as Biggs estimates for France, but we do have a good many cases which have escaped the attention of the examiner for overseas service, and have been lighted up since. We do not sleep so many people in an underground hut; we believe in fresh air, and have gone in for outdoor exercise, and so on, as Dr. Vrooman has pointed out; but we have an increase in tuberculosis, and it seems, as a war measure alone, any nation might well spend, and it would be real economy, a great many thousands, hundreds of thousands, millons of dollars, because every soldier, potential soldier, who is kept fit in this way is a decided asset. That is equally true of these times.

Now, to get back to the point to which I was referring to a minute ago: Why would it not be possible—I don't know whether Dr. Vrooman could do it if he had more assistants—and I am able to say that he needs more assistants. He didn't know I was going to say that, but I say it now; I have been up there and he does need more assistants. That ought to be arranged so that all of us could avail ourselves of his special knowledge. Why wouldn't it be possible, say, to begin in Victoria, Vancouver, New Westminster, and some of these other places, and have Dr. Vrooman, or other experts if we have them, begin a little dispensary clinic. It would do two things—you would get a lot of cases if it were advertised, we could bring in a lot of cases we didn't know about; on the other hand, if the profession would co-operate, we would be getting a good many other people around us who are experts in this. I don't know whether Dr. Vrooman gets them or not; I suspect that he gets a good many cases sent up to him which might have been diagnosed as incipient cases a good many months and, in some cases, years before he gets them. Now, that is true in other dispensaries. It is true all over in every place that I know anything about; and I do think that we are going to save ourselves money; we are going to save the country many lives, we are going to save a great deal of suffering if we can get these diagnoses made earlier.

I believe in the idea of the district nurse. I wish I could have had a chance yesterday of discussing the paper on "Medical School Inspection." I am a very great believer in it. You can't sit around, doctors can't, and wait for patients to come to them. The city has to go out and seek the sick, and there are many ways of doing this. The chief way perhaps is school inspection, and that will not be efficient unless it is seconded by visiting nurses. Very often the absence from school of a child will give you a clue to some illness that you would not otherwise have found, particularly if you are able to send your nurse out to the home and see about it. Now, that is a good thing in the city; it is a more necessary thing really in the country. Now, I would like to speak most enthusiastically and to speak at some length, but I think perhaps some of us in talking about these matters will suggest to Dr. Vrooman, or may directly ask him questions; and I think that Dr. Young, who got this meeting up, is to be congratulated that tuberculosis, always an important matter and during the war a very important matter, was so strongly featured on this programme, and I think it is a great privilege that I am allowed to be here and have an opportunity of getting back again into touch a little with the work of public health, which meant so much to me for such a long time. I thank you. (Applause.)

The Chairman: Dr. R. E. Walker.

Dr. Walker: Mr. Chairman, Ladies and Gentlemen,—I would just like to add a word in praise of the very excellent paper which Dr. Vrooman has communicated to us to-day. His wide experience on this subject always makes anything that he may say instructive, and it carried with it belief on the part of these who may have the privilege of hearing him. In his remarks Dr. Vrooman mentioned several points which to me, as a general practitioner, were particularly interesting. Firstly, with regard to bronchial-gland infection which Dr. Vrooman mentioned, I think that very few practitioners fully realize the frequency and the importance of bronchial-gland infection in children. So many children are brought to the practitioner complaining—the parents say they are not up to the standard, they are below par, they are run down; and very often, I think, the general practitioner is satisfied with this diagnosis; he does not investigate

the case thoroughly, and they are allowed to drift along by themselves with a drink of tonic or something of that kind; but a true diagnosis of the case is often not made.

When I was in Eastern Canada not long ago I visited several of the tuberculosis clinics that were conducted by the various cities there, and I was much struck by the thoroughness with which these children are examined and a true diagnosis come to. All the children admitted to these clinics are given a tubercular test, and then they are X-rayed, and great reliance is placed on the taking of the X-ray. If the disease is active, in Toronto and Montreal both, they have very excellent sanatoriums close to the city where these children are placed. The Toronto one is quite an extensive institution, and they are kept there for varying periods; they are given suitable treatment, and open air classes are conducted, open-air schools are conducted with these children in attendance, and the result is very satisfactory in connection with that. I think, if the general practitioner were more alive to the fact that bronchial-gland infection is so frequently a case of sickness of an indefinite character in children, we would get much better results than we do.

Then, again, Dr. Vrooman stated, with regard to pulmonary tuberculosis, that often the disease can be diagnosed from clinical symptoms alone. In this I quite concur. I think it is much easier for an inexperienced practitioner; that is, one inexperienced in making physical examination and diagnoses of incipient tuberculosis from clinical symptoms than it is from the physical examination; and in this connection I would like to draw attention to what I have found. We have heard Dr. Vrooman say that patients have frequently told them that their doctor said there was nothing wrong with them; that is, nothing wrong with their lungs. Well, I find that patients place an undue reliance on the physical examination. The stethoscope is a sort of mysterious instrument to them, and they come into your office and they consult you, and all they want is an examination. They come in and they don't want, very often—don't want to be questioned. The first thing they want to do is to strip off their clothing and have their chest examined; and no matter what you may say to them or what you may think, you may tell them that they are tubercular, but if, unfortunately, at the same time you tell them that you have not been able to get any physical signs, as perhaps an inexperienced man—when I say inexperienced, a man who is not expert—he is not able to get physical signs, that is about all they pay attention to; and you may assure them that they are tubercular, but if you incautiously say at the same time that you have not been able to get any physical signs, anything wrong in their lungs, they go away quite happy and satisfied that they haven't got consumption, as they generally call it. So that I think more caution should be exercised in telling patients what the condition of their lung is; that is, if the doctor does not find physical signs, he should be very careful at the same time to impress upon them that, although the physical signs are not there, or that he cannot detect them, still they are tubercular. He should certainly impress upon them that they have tubercular trouble in the lungs, although it is not to his ear or under his examination discernible.

With regard to the question of the immunity of England from tuberculosis, I happen to have read—I think it was an article by Dr. Biggs, whom Dr. Vrooman quoted, and he suggested in this article that the immunity of England from tubercular trouble was purely the result of accident, in this: that many years back it had been the custom for indigents to be placed in workhouses and poorhouses; long before the tuberculosis was recognized as an infectious disease, long before it was even diagnosed, these unfortunate persons soon became indigent and were placed in infirmaries. In this way segregation of advanced cases was made long before it was considered necessary to separate them they were separated, perhaps to the detriment of a good many of the other patients in the infirmaries, but it had a good effect on the community at large; and it is to this segregation, at first purely by accident, that England now is so immune from tubercular trouble.

This, I think, has an important bearing on the whole question, for although this very segregation was extended, it shows, it teaches us a very important lesson, that we might learn the value of segregating advanced cases; and my own opinion is that all advanced cases should be treated in hospitals. I do not think that any advanced cases can be properly treated in their own homes, because when they become advanced they are more or less helpless, and no matter how well they understand, how well they may be taught the necessity of taking care of their sputum, and that kind of thing, when they are very sick they become careless, and their friends become careless, and I don't think that you can ever treat an advanced, open case of tubercular

trouble anywhere but in hospitals. I think that that is a very important thing indeed, because it is through these advanced cases that the infection of tubercular trouble is being largely spread among the children and the non-infected persons in the community.

With regard to the question of dispensaries, I think that is, of course, an excellent plan. It is a plan that is being adopted everywhere. There may be some difficulty in the country districts. The idea that suggested itself to me was that possibly, through the aid of the Victorian Order of Nurses, we might get some assistance. I know I have found these ladies connected with this organization of inestimable value in general work. They are well trained, they seem to have been selected very wisely, and are as a rule a very intelligent, able body of women; and in the country districts I think possibly their services might be enlisted in connection with visitation, home visitation of tubercular cases, as suggested by Dr. Vrooman. I thank you, Mr. Chairman. (Applause.)

The Chairman: Major Proctor will now speak on this subject.

Major Proctor: Mr. Chairman, Ladies and Gentlemen,—I will only occupy a very few moments. I want to add my testimony to the great pleasure with which I have listened to Dr. Vrooman's admirable address on this subject. Dr. Vrooman has given you in his paper the theory of this subject. I know something about Dr. Vrooman's work and practice. He is too modest a man, of course, to tell you what excellent results he is getting and the work he is doing at Tranquille. I know I have thought that sometimes, as one who has been interested for a long time in this work, that part of the indifference of the general public—yes, and even of the medical profession—has arisen from the idea they have of the apparent hopelessness of doing very much with a tubercular patient, an idea which is absolutely erroneous, an idea that is almost cruel. I should like to tell you, along the lines that I have heard a moment ago, of the excellent work that is being done up there at Tranquille by Dr. Vrooman and his staff. I think that every Health Officer who has the interest of the general public at heart should know. Out of twenty-five cases that went there, and who were afterwards discharged as cured from that institution—a small institution, an institution that has been struggling along against great odds, the want of the necessary money—it cost, that batch of twenty-five patients, it cost about $6,000 to look after them and discharge them as cured; and from the date when these twenty-five patients were found, who were discharged as cured and whose cure cost $6,000, they had earned some $65,000 in wages since their discharge. That, I think, ladies and gentlemen, is a result worth talking about; it is a result worth knowing. (Applause.)

This war has taught you and me a great many things. It has taught us, I think, perhaps above everything else, the value of physically fit people among those of us who have been talking about health problems for several years. We have been talking about tuberculosis, and we thought we might be accused of driving a hobby almost to death. I think, ladies and gentlemen, that this war has absolved us from that charge; and you know that is of supreme value to you and me to-day as a nation to be a physically fit people, and no money that is spent in that way I think is money wasted. I find that since this war started, and since it has gone along and we have seen in the papers from time to time the huge amount of money that it is costing us to finance this war, although we have not been able to convince our Governments that they could spare the money to properly look after the indigent tubercular subject. Now, in our Dominion I think we now realize, ladies and gentlemen, how well spent that money would have been.

Now, I am not going to keep you, because the hour is getting late, but Dr. Vrooman's paper, of course, points to a practical model of what is to be done. It resolved itself into two phases—treatment, which I do not intend to go into, he has gone into that so well; and the prevention which is the important thing. The care of advanced consumption, which, of course, is dangerous consumption, is of pre-eminent importance, as has been shown by Dr. Wesbrook, Dr. Vrooman, and Dr. Walker. We physicians see a good deal of advanced consumption. I see a good deal of it in this city; unfortunately, up to date there is no proper means of handling such a case. Suppose we have in this city, as we have, indigent consumption. We know their home; we have no means of taking hold of that man to handle him and put him into an institution and keep him there. I could give you instance after instance of what happened. Not so very long ago, about a year ago, an advanced consumptive was discharged because he wanted to go; he wouldn't remain any longer in our hospital up here, the Vancouver General. He spent the next succeeding five months in being a waiter in one of your restaurants in this city. Then when he got too sick

to carry on he returned again to the Vancouver General Hospital. And that, ladies and gentlemen, for that we have absolutely no means of handling it to-day, handling that problem. Another case that I saw this week has been in two sanatoria in this Province. He returned because he wouldn't stay there. We had no power to keep him. He refused absolutely to go to the Vancouver General Hospital. Now, that is the important thing. We want a place where we can keep subjects of that type, where they can keep them in a ward. The result is he is staying with many others in a rooming-house in this city, infecting others with the same trouble. That is a problem that confronts us, and it is one of the most serious kind.

We had a clinic in this city, a clinic that was established years ago by the enthusiasm and the interest of the women of our city, a clinic that I think has shown excellent work; and the problems that present themselves to those who attend that clinic are many and varied. I must not talk too much, but I just want to say this: Take, for instance, a case we sent up to Dr. Vrooman at Tranquille, the mother of a family. The mother goes there; perhaps she is an advanced case: I have two families of that kind where the work of these households is being carried on in both these instances by girls, children of fourteen and fifteen. Those children are housekeepers: there is no money to do anything else. They are living in the same surroundings and under the same conditions as the mother who has been to the sanatorium, and perhaps died; and they have no present facilities for doing anything else; and yet those children will be the very ones who will develop this disease if they are not placed in proper surroundings, if they don't have to go to work, if they are not able to get the proper food that they require, and the amount of fresh air. I believe there is a movement on foot in this city, and I may be able to tell you it may—I don't know that it will be, but it is talked about being undertaken, under which in this city a children's institution for suspect and others who have tuberculosis, the kind of people who will develop tuberculosis if they are not particularly looked after. The trouble with meetings of this kind, the trouble with papers of this kind, ladies and gentlemen, is that too often a remarkable paper like Dr. Vrooman's is listened to with delight by everybody present, but nothing practical results. Now, what I should like, if possible, would be that you should authorize the Chairman of this meeting, say, to appoint a small committee to bring in recommendations to be sent to the proper legislative authorities, the recommendations being a result of what you have listened to here, with the hope that something practical may be the result of the delightful paper and the presentation of the subject such as you and I have listened to from Dr. Vrooman this morning. (Applause.)

The Chairman: Ladies and Gentlemen,—We may congratulate ourselves on having with us to-day the Provincial Secretary and Minister of Education, Dr. J. D. MacLean. I know he is with us in his interests as a medical man with regard to this subject, but I think he will go farther still and make the best endeavour to get the necessary money to carry on this warfare which is being carried on by Dr. Vrooman against the white plague. I will ask Dr. MacLean if he will kindly say something on this subject now.

Dr. MacLean: Mr. Chairman, Ladies and Gentlemen,—I assure you that it indeed affords me a very great deal of pleasure to be present here to-day, and the pleasure is enhanced owing to the fact that you are discussing the problem in which I have always been very greatly interested, and that is the problem of tuberculosis and the prevention of this disease.

Before taking up any discussion on the question, I wish on behalf of the Government to thank the men and the women who have come here at a sacrifice of time and energy to discuss a question of this kind. It speaks well for your loyalty to the Province, and it speaks well for your interest in the future welfare of the Province that you have come here in such numbers, many of you at considerable expense; and we all know, those of us who have been engaged in the practice of medicine, that time away from your office is absolutely money lost; so that I say that you are to be congratulated for the sacrifice that you have made in this connection.

Now, I do not appear before you to-day at all as an expert on the question of tuberculosis. As probably some of you know, for the last ten years I have been engaged in the general practice of medicine in a rural community, or at least a community which was largely rural, and the question of turberculosis as it affects rural districts, of course, came largely before my mind and to my attention, and it seems to me that it is in the rural districts, in the outlying districts, that the problem is the greatest. Those of you who have practised medicine in the outlying districts realize the difficulties under which the general practitioner labours. For instance, you get a case of tuberculosis. You have a small hospital, probably anywhere from ten to twenty beds, and to

begin with, the hospital authorities are not very anxious to take your patient in, for the simple reason that if the news gets spread abroad that there is a tubercular patient in your hospital, why the other patients in the neighbourhood, who would naturally go to that institution, do not want to go; consequently the hospital authorities—and this is not because they are not convinced of the seriousness of a case of tuberculosis, but from purely financial considerations. A hospital cannot be conducted without money, and if you have your patient in there, a tubercular patient, the majority of people are afraid to have a patient go into that hospital; consequently the problem is a very difficult one there. And in addition to that you have the fact that it is so difficult to convince the people that there is a case of tuberculosis in their family. Various considerations arise, most of which are uncalled for. They seem to think, the average individual, that there is some kind of disgrace attached to the fact that there is tuberculosis in the family. These are difficulties which have to be met in the outlying districts.

I was particularly pleased with Dr. Vrooman's paper, and the particular feature that appealed to me in it was the entire practicability of the paper. The suggestions that he made were not purely theoretical suggestions; they were suggestions that are absolutely carried out in private practice, in the practice of medicine in this Province. And I was particularly pleased with it for another reason, and that is that it went very much along the lines of the suggestion and the ideas of the Health Department in Victoria and myself, in discussing what could be done, and what should be done, or what might be done in the fight against this disease. I say it was very much along the lines that we happened at Victoria to consider wise. However, I do not wish at all to take any credit away from Dr. Vrooman for his very excellent paper, and while we have many of the ideas that he has, he has succeeded in systematizing and in placing them in a practical light which will be of very great assistance to us in our endeavours to have some solution toward the working-out of this very great problem.

Now, I wish to assure the medical men and women who are in attendance here to-day, and the others of the audience who are interested in this work, that we in Victoria are deeply interested in this question of public health, and, in particular, in the question of the prevention and spread of tubercular disease. You know it is rather a large question, and you know that Governments are traditionally slow in moving, and you will have to take all that into consideration when you are looking for some results, or for results of this meeting, as suggested this morning; but I wish to assure you that we are seriously intending to grapple and are grappling with this question to-day, and laying out plans in order that we may be able to do something towards preventing the spread of this disease. It has always struck me as being rather remarkable that a disease like scarlet fever, say, or smallpox, how all the forces of Government, whether municipal or Provincial, when a case of scarlet fever appears in the community, all the forces of the Government are directed in one way, and that way is to segregate that case of scarlet fever, to prevent the spread of the disease; but in a case of tuberculosis in the community, which statistics show is many many times more deadly, very many more deaths from tuberculosis than there even begins to be from scarlet fever, the cases of tuberculosis walk around to spread the disease to and menace continually their associates, and yet nothing is done. So the great question to my mind, the great problem to my mind, is the question of arousing the public to the very great danger of having those active cases of tuberculosis walking around our streets.

I do not wish to say any more, Mr. Chairman; I wish to thank you for the invitation to be present here this morning and to make a very few brief remarks. I do not wish to take up time which can be very much better occupied in listening to those who have a real practical knowledge and a working knowledge of the subject under discussion. I thank you. (Applause.)

The Chairman: Ladies and Gentlemen,—This subject is open for discussion, for general discussion; but I warn you that the time is getting on, and we have two more important papers, and we have yet to have an address from Dr. MacLean to be delivered later on. He has just spoken a few words on the subject of tuberculosis. Now, I hope any one who wants to speak will get up and speak quickly on the point, and distinctly.

Dr. MacLean: Mr. Chairman, I wish to correct your reference to the address that I was to give. Those of you who have been engaged in the practice of medicine realize how oftentimes the very best plans that you may make will go wrong; and, while I am not engaged in the practice of medicine now, I am engaged in work that is fully as jealous of one's time as the practice of medicine, so, as they say when they get in a hurry in some meetings, we will have

to take the paper that I was to have given to-day as read: so that if you were expecting any particular paper from me, I am very sorry that I have not been able to give the time and attention to the preparation of such a paper.

The Chairman: Any further discussion on this subject? Any of you who wish to say something, do not delay.

Dr. Wesbrook: I don't wish to speak twice, Mr. Chairman; but something has occurred to me, and that is that I failed in my talk before to express appreciation of the wonderful work that Dr. Vrooman is doing; and I wonder how many of the Health Officers and medical practitioners and others who are here to-day have visited that institution. I would like to suggest that that is one very good way of seeing modern tuberculosis work; and we have it, as you have gathered to-day from skiagraphs exhibited here, we have it in this Province in as up-to-date fashion as we could wish.

I would like also to suggest that when Dr. Vrooman closes the discussion, if he will kindly do so, he will tell us a little something about the special tuberculosis school which is being run at Saranac, just a few words, because some of us may wish to avail ourselves of Dr. Vrooman's help, and I hope we all will do that; and some of us may wish to get a little further expert information, and he can tell us all these various particulars.

W. J. E. Biker, C.E. (District Engineer, Nelson): I, like Dr. Wesbrook and others who have spoken previously, congratulate myself on hearing such a very explicit paper as we have had this morning. I would like to elicit from Dr. Vrooman a few practical points on the living conditions of the people. I am speaking as a layman and as an engineer, therefore I hope you will bear with me. I feel rather out of my atmosphere with so many doctors present, but the living conditions of the people must have something to do with tuberculous cases. I come from the Upper Country; I work up at Nelson, District Engineer for the Government, and my work takes me a great deal into the mining and logging camps. Now, particularly mining: I would like to ask Dr. Vrooman if he has any percentage of the cases that come under his control that come from mining camps in this Province, because in camps I have noticed buildings from 18 to 24 feet long and 6 feet high at the eaves, from thirty-two to thirty-six men sleeping in one room, and with very little ventilation at that. There was another point I would like to ask, and that is this: The immunity that England finds herself in from tuberculosis, is it entirely due to the methods that have been used in attacking this disease, or is it in some measure due to the improved sanitary conditions? Those are points that I would like to hear Vrooman on.

(At this point Dr. Wrinch substituted in the chair.)

The Chairman: Is there any other discussion? There are some who wish to hear from Dr. Underhill.

Dr. Underhill: I think, Mr. Chairman, as the time is getting on, I can add nothing more to what has already been said, but the only question I would like to ask Dr. Vrooman, in answering the remarks on his paper, is to deal with surgical tuberculosis, the methods and the means he would adopt for dealing with this question. I think that is something that is of great interest to all of us, especially at the present time.

(Dr. Underhill resumes the chair.)

The Chairman: If there is no further discussion I will ask Dr. Vrooman to reply.

Dr. Vrooman: Mr. Chairman, Ladies and Gentlemen,—I wish to thank you for the very kindly way that my paper has been received. There is nothing in it but what you will find in the literature on tuberculosis for the last five years. I have tried to give you what are the well-established views, and my hope is that it may have some practical effect. In reference to a point raised by Dr. Walker, the patients are too ready, I quite admit, to say there is nothing wrong. I have had patients in and out of my office in the sanatorium, coming there and telling the other patients that I said there was nothing wrong with their lungs, when I told them, though not definitely, that they had tuberculosis, but not much. This has happened more than once at the sanatorium, so I quite realize that it is going to happen many times in private practice, and it means that we have to be careful.

I would like to hear mention the good work that has been done by the ladies of Vancouver in connection with the tuberculosis clinic. It has been a pioneer and it is leading the way. The only difficulty they have laboured under with regard to it is the lack of money. They have only had one tuberculosis nurse in Vancouver when they should have had three, and they haven't had any place to put the patients when they discovered them; but they have done good work,

they have helped us in the sanatorium, they have helped to look after cases here, and I cannot pay too high a compliment to the ladies and the nurses who have been in charge of the clinic. Now, I only hope that the work will be extended much farther.

Dr. Proctor referred to the incorrigible patient. We have to handle these in a special way, and New York handles them in a special way; they have a special place for them on one of the islands in the East River, a special hospital where the incorrigible patient who will not stay in the sanatorium, who will not obey the rules while in the sanatorium—there is a small percentage of these anywhere: and in New York City it is recognized, and they have established a separate institution for that purpose where they are committed by a Magistrate, those who are absolutely incorrigible, and most of them are drunkards and absolutely careless. They are committed, and they are allowed privileges only under conditions of good conduct. I think for that class something like that will have to be done, because there is a small percentage of what you might call indigent drunken, open cases of tuberculosis.

The problem that Dr. MacLean has mentioned of the rural districts is a considerable one. The smaller hospital can hardly handle tuberculous cases, and that is the reason why I say that the sanatorium at Tranquille will still have to handle a certain number of advanced cases, because these rural hospitals cannot under many circumstances take them in. It is only in the larger centres like Vancouver and Victoria where they would have the separate hospital.

I was very glad to hear also that the Government is now going to act. We hope to see that the action means the voting of a large sum of money to be devoted to this purpose. That quotation was from Dr. Biggs, that health was a purchasable commodity, and if the Government of British Columbia wishes to purchase immunity from tuberculosis, well, they can purchase it, and I hope to see that they will do so.

I do not think that the public are fully aroused on this question. If I might be allowed to make an observation—because perhaps I come in contact with the public in some ways more than the medical practitioner, and they express their feelings—if I might decide my own profession, right in the family the public are even more aroused on this question than the medical profession or the Government. That is my own observation, but I believe that it is correct.

There is a standing invitation for all practitioners of the Province to visit the institution. Too few have availed themselves of it. We will make you welcome if you come and stay a day or a week; we will try and fix you up; and we will give you any opportunity you wish to study tuberculosis there, what we can do, show you what we are doing.

The Saranac School has been recently established. It is called the Trudoff Outdoor School in memory of that great pioneer in America, Doctor Trudoff, who established the first sanatorium in America. In memory of him they have built that Trudoff School, which is under the direction of Dr. Baldwin, probably the leading man on tuberculosis in America, and they conduct tests in the schools for six weeks dealing with the tuberculosis problem, and my assistant, Dr. Gilchrist, had the privilege of attending that school this summer, and I have greatly profited; he profited by it and I have profited a great deal through him in the teaching of the methods that he learned at that school; and if any of you can afford to do so, even if you cannot spend six weeks, if you will spend a week at Saranac in visiting their improvements, you will find them all royal fellows there. The tuberculosis specialists are only too ready to give you everything as accurately as possible, if you wish to learn. And even if you cannot go to the school, if you are in Eastern Canada and would visit Saranac and see some of the methods there, and visit the laboratories, you would see something that is being done and get a glimpse of some of the problems that come up there. They are doing a good deal of research-work that is being done.

In reply to Mr. Biker, in reference to the effect of mining, we do get quite a proportion of miners. I haven't got any figures here—not so much among coal-miners, although we do get some coal-miners; but, of course, the dust of the quartz-mine is more irritating and more apt to set up tuberculosis. I think that living conditions in the camp may have something to do with those symptoms.

In reference to Dr. Underhill's question as to surgical tuberculosis of children, I have a vision—I don't know whether it will ever be realized—of seeing an institution at Tranquille which will handle all forms of tuberculosis, surgical or otherwise; that we will have there an institution that we can both give the open-air treatment, and can give, if necessary, surgical treatment to children under practically what is the best kind of conditions, such as they have in Saranac. We haven't taken any of these, but they do, and they do exceedigly well under

sanatorium conditions after they have received the necessary surgical treatment. The doctor just gives you a glimpse of what you need, and in thanking you for the way you have received my paper, I hope that it will give you that, and that something may come of a practical nature from it; that we will do something for these sufferers from tuberculosis. I could keep you all morning telling you of pathetic cases, but I am not going to, any further. I thank you, ladies and gentlemen. (Applause.)

The Chairman: The next paper, "The Laboratory in Relation to Public Health," by Dr. Wesbrook, President of the University of British Columbia. Evidently some special privilege attaches to being the President of the University, as he is able to find a substitute. Many of us would desire the same thing when we are called upon to write a paper, but Dr. Wesbrook will kindly introduce the substitute for this paper.

Dr. Wesbrook: I feel, Mr. Chairman, very much like a pretender. I have been very much embarrassed by the fact that my name should have appeared as the reader of this paper, but you have given me the privilege of explaining. At the time Dr. Young was getting up the programme he wanted a paper of this kind, and I volunteered; but just shortly after the arrangement was made a man who was very much better able to give it than I, a man who is in that work and has been in that work for a good many years, decided to come to this Province, and has assumed directorship of the pathological laboratories of the Vancouver General Hospital and is responsible for the teaching of bacteriology in the University this year. This is a composite arrangement which is, I hope, not cutting through the lines of co-operative work which in the University we will be free to undertake. If I might, in the opening of the discussion, speak to this, I will be glad to do it. This, you will observe, is also taking another privilege; that is, inviting myself to discuss Dr. Mullin's paper.

Dr. Mullin returns to Canada: he has made a place after a good many years in the States. Dr. Mullin is a graduate of Toronto University in Arts and Medicine, worked there in the public health as assistant to Dr. John Amyot, whom you know is another of those who are mixed up in the war. In parentheses I might say that Dr. Amyot and his three sons are all at the front at the present time. He had, too, I think, to misstate the ages of some of these sons in order that they might go. Dr. Mullin has practical experience in the Toronto General Hospital as a member of the hospital staff, was interne there—or house officer, as we call it—and also at Kingston, the Hospital for the Insane. Then he spent—well, a number of years in Minnesota in the University of Minnesota and in the State Board of Health. Dr. Mullin and I were associated together, I think, for nine or ten years, and he was my successor as director of the Minnesota State Board of Health laboratories. He has had a very wide experience in pathology and in bacteriology, and I regard it as very fortunate indeed that you are able to get his services in this Province. He will speak to you upon this problem of the laboratory in relation to public health, and if I may crave the privilege, I should like to discuss it and certain things which arise out of it, later. I shall ask, if I may, Mr. Chairman, Dr. Mullin now to give his paper. (Applause.)

THE LABORATORY IN RELATION TO PUBLIC HEALTH.

By R. H. MULLIN, B.A., M.B., LABORATORY DIRECTOR, VANCOUVER GENERAL HOSPITAL.

Within the present generation medicine has become a highly specialized science, due to the rapid advances that have been made through scientific methods. No longer is it possible for a single individual who used to be called the family physician to be familiar with all methods which are employed in the various branches of medicine. This family physician has been supplemented by groups of individuals whose work is more or less restricted to one particular branch, and who are known as specialists in that branch, so there are surgeons, internists, gynecologists, etc. Not only has there been specialization in these various branches, but each branch has become further specialized into the clinical and laboratory science.

During the process of this specialization a comparatively new science has developed—namely, the science of public health or public medicine. It is necessary to differentiate clearly between the practice of public health and the practice of private health if an adequate idea is to be obtained of public-health laboratories. Private health is what is more commonly known as practice of medicine, is essentially individualistic, and is an attempt to cure an individual of some disease for his own particular benefit, without regard to the bearing it may have upon the community as a whole. Public health, on the other hand, deals with community health and

welfare, and seeks to promote this by the prevention of disease, and by devising methods for the promotion of the welfare of the community as a whole. In the one, individuality and cure are the predominating notes, while, in the other, community and prevention.

It is not so very long ago that public-health workers were selected without regard to previous training from the ranks of practising physicians; now it is becoming realized that for the successful practice of this profession trained specialists are necessary. Just as in the development of the practice of medicine the necessity of trained laboratory workers soon became apparent, so, too, in the practice of public health this side of the science is becoming recognized. It is necessary to differentiate between a public-health laboratory and a clinical laboratory, and to appreciate that the two are essentially different, and that it is not necessary that a good clinical-laboratory man must be an equally good public-health laboratory man. The two services are just as different as are public and private medicines.

The function of public-health laboratories may be briefly stated to be: (*a*) To assist in the prevention and control of disease; (*b*) to devise means for adding to the comforts of community life; (*c*) research; (*d*) education. The laboratory-work in the prevention and the control of disease falls naturally into three subdivisions—control of communicable diseases, supervision of public water and milk supply, and the investigation of foods and drugs. In some communicable diseases it is possible to demonstrate the infectivity of individuals by laboratory methods, and so determine that such individuals are a menace and danger while taking part in a community life. It is also possible in certain of these diseases to determine when individuals who have been infected cease to be a menace, and so accurate means are afforded for determining the time at which they may be permitted to resume their community activities. The laboratory may also provide certain biologic products which may be used to artificially immunize individuals in the community, so as to decrease the probability of their being infected; also to effect a cure when infection has occurred. This class of laboratory-work is accomplished in what is called a diagnostic laboratory. Of recent years it has become more generally appreciated that this diagnostic-laboratory work should be undertaken in close association with field investigation in communicable diseases, so that there is gradual development in different localities of what are called bureaus or departments of communicable disease, in which both field and laboratory investigations are made in order that all of the information related to a particular epidemic may be in one branch of the service.

The scope of the work of a diagnostic laboratory may be broadly stated to be all laboratory-work that can be of any service in the control of communicable diseases. This is naturally limited to such of these diseases as have a known causative agent, but there should be no limitation as to the character of the examination that should be made where this agent has been identified, provided only that the examination will indicate the presence of infected individuals or assist in preventing the spread of the disease. From a legal point of view a communicable disease is one that is reportable, but in some instances it may be advisable for the laboratory to go beyond this limitation, especially where, as in the venereal diseases and cancer, the danger is great. It might well be said that the work of health laboratories should be limited only by the lack of money the public will provide through their governing bodies for maintenance. Usually the routine work consists in making examinations of exudates and tissue in cases of suspected tuberculosis; exudates from the nose and throat in cases suspected of carrying diphtheria both for diagnosis and release from quarantine; the preparation of materials for the Shick test to determine susceptibility of individuals to diphtheria (especially children and inmates of institutions where epidemics of this disease are apt to spread); the blood, stools, and urine from suspected cases of typhoid fever or its allies and the preparation of typhoid prophylactic; spinal fluid from suspected cases of cerebro-spinal meningitis and poliomyelitis; exudates and tissue from suspected cases of anthrax, actinomycosis, blastomycosis, leprosy, etc.; brain of man or the lower animals in suspected cases of rabies, and giving the Pasteur treatment to people who have been exposed; necessary examinations for cholera, plague, and other diseases not at present frequent in this community.

In the supervision of public water and milk supplies the laboratory-worker can be of the greatest service, since it is possible by constant supervision to illuminate the danger of conveying infection by either of these two routes. Here, too, there should be a close association between field and laboratory investigations if the greatest good is to be obtained. If safety is to be assured, frequent laboratory determinations and field investigations should be made, since at

any time accidents may happen which result in either water or milk becoming infected, and thus affording a source from which a very great number of cases of certain of these communicable diseases may arise.

The food and drug laboratory is concerned principally with the adulteration of foods and drugs. An extension of the use of such a department might be made, especially in the direction of infant-feeding, and the determinations usually undertaken in hospital laboratories in nutrition experiments. This side of the public-health laboratory has not as yet received the consideration and appreciation it deserves.

In attempts to add to the comforts of community life, problems arise which require laboratory solution, especially from an engineering point of view. Most of these problems have to do with the disposal of wastes in a sanitary way, so that they will be neither offensive to the senses nor capable of acting as a source from which communicable diseases may arise.

Enough has been said to indicate that a public-health laboratory is not a single entity, but is comprised of a number of units, all differentiated, but with points of contact between certain of the units. It should better be known as public-health laboratories. Many different problems are presented, with all of which it is impossible for one individual to be familiar. It must be appreciated, therefore, that just as in other sciences, and so in public-health laboratories, specialization has occurred to a very considerable extent.

However, no matter how great the specialization, each has functions in addition to the public service which they fulfil. These other functions are research and education, although in most organizations the greatest amount of stress is laid on the public-service function of the laboratories. These other two functions should never be lost sight of, and their importance is difficult to overestimate. Unfortunately, it usually happens that most public-health laboratories are undermanned, so that all the time and energy of the workers is absorbed in the service function, leaving the other two sadly neglected.

There are certain elements that are necessary for successful and efficient work in any of these various laboratory branches of public-health activities. As already indicated, the work is highly technical and specialized, and, as such, demands the service of well-trained, full-time workers if accuracy and reliability of results are to be assured. The idea that a recent graduate or an office-girl is, *ipso facto*, qualified to do laboratory-work in any branch is surely passing, and the importance of receiving dependable results from experienced workers is becoming appreciated and demanded. In the beginning of development the number of such workers need not be great, as it is possible to obtain men who are sufficiently qualified to oversee various branches until expansion demands an increase of the force. Adequate quarters should be specially designed and equipped with a view to carrying on the work so as to produce a maximum of results with a minimum expenditure of energy. Efficient clerical and laboratory assistants will always prove an economy. These laboratories should be so situated, geographically, that they are of easy access, so that the least possible delay will occur in making reports to physicians and health officials. Transportation facilities will have considerable bearing on the location of the laboratories, since the mails must be depended upon for delivering of specimens. Where the territory to be covered is of considerable extent and the population scattered, branch laboratories can be maintained in the larger centres of population. When emergencies demand quick action or the character of the work necessitates investigation on the spot, "travelling laboratories" may be sent out with an investigator to satisfy the immediate needs.

All of these features point to the necessity of providing an adequate budget for the proper support of the needs of the laboratories. One health department has for its motto, "Public health is a purchasable commodity." This surely means two things: First, that it can be purchased; second, and equally important, it must be bought. The private individual who attempts to obtain something for nothing, or for very much less than its face value, is usually looked upon as a grafter or a crook. Should a community expect to obtain a valuable commodity gratis or at less than a fair price? It has truly been said that "The public health is public wealth," which should indicate these two are closely interrelated. The service rendered should be free to the individual, but supported by the community (and where possible to obtain philanthropic funds) and under governmental control at least in part, so that the results obtained can be legally applied to effect reform. No successful health-laboratory work can be carried out on a fee basis for each examination, collected either from the patient or the community,

since such a practice places a natural reluctance, from a financial consideration, to taking full advantage of all the services that can be rendered in limiting an epidemic.

There are other essentials upon which the success of a public-health laboratory depends. Since public health is a group science dealing with groups of individuals by groups of workers, it is necessary that an active and hearty co-operation should occur among all concerned. In order to obtain such co-operation it is necessary for the laity and physician to understand what the objects and methods of public-health workers are. Since the science is comparatively new, there is a large amount of education necessary to this end. It must be appreciated that the funds for the support of health activities come more or less directly from the governmental bodies. It is usually only through pressure from their constituents that the individual members of such governing bodies can be made to see the necessity of adequately providing funds for the work. The education of the public is therefore necessary if satisfactory advance is to be made in public-health laboratory work, or, in fact, any other public-health activity.

The public-health laboratory is closely related to a variety of people. In the first place, it should be intimately associated with the health department of the community, since it is the latter that is clothed with the police power necessary for the application of the results obtained in the laboratory for the control of some particular community disease. It is related to the units of the population, particularly the practising physician, and each individual family, since in many cases the duration of quarantine is dependent upon laboratory findings. Where groups of people are collected together in hospitals, charitable institutions, schools, etc., the laboratory is of particular use, since in such institutions communicable diseases find a greater opportunity to spread. On account of the education that is so necessary at present, a teaching function is added to the ordinary laboratory function, and in this way the laboratory is brought into close association with the teaching institutions, such as the public or high schools and universities.

In determining the organization of a laboratory it must be recognized that it is impossible to lay down an absolute rule which can make all laboratories exactly the same. Each one has to meet the particular needs of the particular community in which it happens to be. If, however, recognition is taken of the relation of a laboratory to the health department, to the hospital, and to the university, it should be possible to develop a single institution which will adequately serve the needs of each, and so prevent the duplication of equipment and workers, which is sure to occur when each of these three different contributing parties attempt to establish laboratory-work restricted to their particular needs. Where such a co-operation exists and can be fostered, it is possible to avoid many of the petty jealousies and friction which invariably arise when different groups of workers approach each other at the border-line of their work.

Discussion on Dr. Mullin's Paper.

The Chairman: Now the discussion, and I think Dr. Wesbrook asked the privilege of opening the discussion, so I call upon him first.

Dr. Wesbrook: Mr. Chairman, Ladies and Gentlemen,—I feel as if I had been doing a great deal more than my share of the talking this morning. Dr. Mullin's paper is clear and to the point, and he has shown the various lines of service which a public-health laboratory is able to give to the people. In his modesty he failed to tell you that he has been the head of a laboratory that covers practically all these things, the State Board of Health Laboratory of Minnesota, of which he was chief; and he was a member also of the University of Kingston. This laboratory was inaugurated and was made an integral part of the University of Minnesota. It had a Pasteur Institute for the treatment of those who had been exposed to rabies. The first year of its operation it treated 212 people. I think it was the 242nd case in which fatal results occurred, and I think that they have had none since. They must have treated from 1,200 to 1,500 people by this time. That is not an important matter in British Columbia yet, but we never know when it will be.

As bearing upon what the Provincial Secretary and Minister of Education said a few minutes ago, that it is the spectacular cases which appeal to the public; that is, speaking of scarlet fever and of tuberculosis, the stimulus that is given to public activity and, if necessary, public expense when a thing like scarlet fever appears. I can say the same thing about cholera. I was in Germany one time engaged in research-work at Marburg under Karl Bruncker, when they had a case of cholera in a little community about three or four miles outside of this town. The

manœuvres of the troops for that year were to be held about three weeks later, and 12,000 troops were to be assembled there. I remember what I felt like at night when I discovered—we were notified at about 11 o'clock that we had cholera in the community. I think I was the only English-speaking person left in that community by noon the next day. It was part of my duty, because I had already worked for three years on cholera, and I acted as a volunteer assistant, and three of us carried out all the necessary measures for the prevention of the disease. We only had sixteen cases and four deaths, so I think we did very well. We had sixteen pure cultures from these sixteen patients, though, in a very few hours, so that we can see what the stimulus of cholera did—in 1894 this was. In 1892 Hamburg had its particular lesson.

Now, to give you an experience from rabies: We got $5,000 to run that institution for the first year. It was part of the public-health laboratories there. We were able to treat 212 cases. Everybody was afraid of rabies. The doctors and the people knew so little about it that we could have got any amount of money we wanted for that, but we couldn't get it for water; we couldn't get it for tuberculosis; we couldn't get it for measles and all those other diseases, although the deaths from measles at that time were greater than the deaths from smallpox, although smallpox was quite prevalent, but it was of the very mild type. The people apparently, many of them, would rather have smallpox than be vaccinated; but they had to change their mind shortly afterwards, as it was said yesterday.

Now, there were other features of the work; they had engineers, chemists, bacteriologists, and a new trained specialist and epidemiologist. The work was here before, but the name was born just recently. We were speaking of field laboratories; we wouldn't examine specimens of water sent up by an analyst, somebody who didn't know whether the water was to blame or not. If there were a question of that kind came up, in the public interest we would send a travelling-laboratory man, and a travelling specialist sometimes, and sometimes a chemist and a bacteriologist, and the engineer. Well, I won't go into this thing further, except to extend a little what Dr. Mullin was saying and give you the idea that he had this in charge. I will say this, and I think this is a public lesson we get out of it: It is particularly hard for us in the pioneering stages of our different communities, owing to the fact that this is a huge Province and the population is relatively small, and we are as yet scientifically in the pioneering stage; but we do not deny ourselves automobiles, and I think we shall have air-ships pretty soon. We have the best hotel in Canada, supposedly, in this town—the most expensive one, anyway. We haven't denied ourselves these things in our pioneer days; now, why shouldn't we have the things that are most essential, because in public health and public wealth, as Dr. Mullin has said, we would be conserving our cheapest asset. Now, in order to conserve this, there are a lot of people required for which our social and economic conditions as yet make no provision. A consulting engineer (several of them for competition) in waterworks in this Province—I mean the sanitary engineer—would starve to death if it were left for individuals to employ him. A chemist devoting himself in some way to a line of public-health work would be equally called upon to live at his own expense. The medical profession cannot—their patients are not yet trained to believe in it to a sufficient extent—the laboratory-man in medicine cannot make a living, so that from a number of public bodies it becomes necessary to define certain groups of people. Amongst them every city ought to have, as Victor Bond, of the University of Michigan, says, a forensic institute; you should have a medical man; you should have chemists; we should have physiological chemists; we should have other experts, and particularly so that when an autopsy is held, if it is held by a man who is trained to do that work, just the same as we go to a trained surgeon; we should have them—there is one group of the forensic institute. I won't go into it further, but I think I have made my question plain. Then you have a group of public-health experts, of which Dr. Mullin has told us; then we have the group of diagnostic experts, not for the purpose of preventing disease, but for the purpose of suggesting a cure. Nowadays you can make sections of the tumours, and these are examined whilst the surgeon is working. You need blood-clots; you need analyses of stomach contents; you need people to study the metabolism of a particular patient to see on what dietetic treatment he shall be put, or to see what is wrong inside—see why he is not working right. You need all those, and we need sanitary engineers, as I have said. Now, how are we going to get them; how are we going to provide for them? The Provincial Government needs public-health laboratory facilities; Vancouver needs public-health laboratory facilities; and in some places they separate the water branch from the public health, but it need not be done. It just depends on who is going to be

boss of the job, whether it is the sanitation, whether it is to be sanitation from an engineering point of view or engineering from a public-health point of view. There are no difficulties in it. As Dr. Mullin said a little while ago, you are not going to have two organizations that are exactly alike. Personnel, after all, is what counts rather than system.

Now, we can't get all of these things at once here; but the Vancouver Hospital is short of funds—and, by the way, the Vancouver Hospital Laboratory should not be run on the basis of fees to be collected at the time. (Applause.) It should not rest on that basis. Suppose a patient in the hospital, when he is ill, you make an examination of him; if you charge him for that examination you are practically precluded from making a whole lot of other examinations afterwards. He may prove to be a very difficult case, and he may prove to be a very instructive and educational case; and suppose you want to examine him every fifteen minutes day after day, you can't charge him or some one else for each one of these examinations. I am getting off the track; that is just an aside. But ultimately a group of men should be brought together, consisting of bateriologists, chemists, physiologists, pathologists, engineers, and various other people, for the carrying-on of the public service. Now, if that cannot be paid out of the fees from patients, if it cannot be paid by municipalities employing experts when they need them—here is another aside—you know they usually get into all sorts of difficulties because it costs from $5,000 to $10,000 to have experts, and after they get into difficulties they spend $100,000 in getting out; and they do that under the stress of an epidemic of typhoid fever or cholera, or something of the kind. But these have to be provided. Now, you can get them one at a time until you have got your group. You can get them, for instance, in this Province by the Provincial Government, the Provincial University, the Municipality of Vancouver, and various other municipalities, all co-operating. You see, it is public money after all, and I do not believe, personally, that you ought to gather certain problems together and leave other problems absolutely untouched, because as soon as you get a little bunch of people together they all get interested in the same problem, they all tackle it, and they leave everything else undone.

The function of a university is to teach a course, to teach what is known now. It is just as much its function to add to that knowledge, because all knowledge would stop if everybody confined himself to teaching; in fact, that is the most important thing. It should be done within the university; it should be done without the university; it should be done in co-operation with every existing official organization in the Province. It is the people's money which is being spent and we should give the largest return to the people. In addition, it should have experts, and it must have experts, for if the Province is not going to get the best experts in its university it had better keep out of the business altogether. Those experts ought to be available also for the purpose of giving advice and suggestions, undertaking investigations and researches, the result of which could be available for the different departments of Government. It seems to me that that should be apparent to everybody.

Now, I want to make one thing quite clear: The university has nothing to do with administration or legislation or politics, and the moment it oversteps that—the best State university in the United States, the University of Wisconsin, made that fatal mistake once. It was called upon to investigate the health of the city in every way, and it did make a magnificent job. Now, what happens? After you have made a diagnosis and a prognosis and suggested treatment, it is very easy to hold the patient's nose and make him swallow a pill. Now, that is a Government job; it is not the university's job, and the university only gets into trouble whenever it begins to connect principles and men, to connect men with principles. It must keep away from that. Now, I think we can make this start; I think we have got a start with this big movement. We have only one here now; that man is Dr. Mullin, and he has indicated to you that public health has four specialties. He has his own special duties and desires. Now, if we can get that group started, it seems to me that a Provincial university is the logical basis for the beginning of that; ultimately we will have a group which will not only take care of the work, but it will train other workers in that line.

Now, we have been getting impatient in the university at the present time to start a medical school, but we have all seen that in public health we need special training. Vancouver is an important town; there is no public-health laboratory nearer than Toronto or McGill, and as far as I know these are the only ones existing in Canada. We can only start that and, when the time comes, a medical school, and the private practice should be practically related to that, this question of public health, and we could have here built up in this community a medical

school out of the bigger foundation of a public-health organization. That lies in the future, how far we do not know; but we ought to provide for immediate needs as best we can, and we ought to conserve our money so that every public body contributes its quota and co-operates instead of competes. That seems to me to be the practical outcome of this paper this morning, so far as we can directly apply it.

I know that Dr. Young is quite in sympathy with such ideas. I know that the Hon. Provincial Secretary, Dr. MacLean, is in sympathy with such ideas. I know that Dr. Young has the matter in hand with the authorities of the Vancouver General Hospital here; but one man, and he has to be very very efficient in the one line, cannot spread himself over all of these things for long and give satisfaction to himself and to the community. I believe that that is one of the things in which we might co-operate, and in which perhaps the university might be the focusing-point. The same kind of thing is being undertaken, I might say, although this does not bear on the subject, in a number of other lines. In agriculture, for instance, at the present time there is close co-operation between the Provincial Department, the Dominion Department, and the University; and we hope that that will be true of forestry and of mines and of fisheries, and that will make us really of some practical, as well as potentially practical, value to the community which has supported, and had the courage to support, a Provincial university during war-time. When we are getting impatient it is most comforting to know that the people of this Province had the courage, anyway, to start a university during war-time; and it seems to me that by this time it should be started, because it is the day of the expert, anyway, chronologically, and the war has made it doubly of the expert, and we cannot get along very much longer without training and using the expert in this Province more than we have, but we will so use it in industry, in social and other life, the way we have been using its products for pleasure and for comfort.

Now, I apologize for having wandered from the subject, Mr. Chairman. It is always a pleasure to speak to people who are interested in the same subject which has interested me for so long; and I always find that whenever I speak of the university here, people are so interested and so kind that I am inclined to transgress, and I hope that I shall be forgiven; and I can assure you that every member of the staff and those on the executive and governing body of the university are almost anxious to be of the utmost possible service to the Province as a whole, and to do their share in national and Imperial problems which we are now facing. (Applause.)

The Chairman: We shall be glad to have discussion by any one else on the subject. I think we have always got some light from this kind of paper. I say some light, but I should say a great deal of light, a great deal of instruction. Speaking for myself, I certainly have; I can see great possibilities opening up as the result. Any further discussion? We will be glad to hear from any one.

Dr. Hepworth: Mr. Chairman, Ladies and Gentlemen: I might say a few words from the standpoint of the general practitioner. This laboratory diagnosis is a thing that we cannot get along without, but I think the subject has been pretty well taken up. The question is, if you want to make a laboratory diagnosis, who is going to pay? Is it the municipality or is it the doctors? I have had so many cases where I have had to foot my own bill to make the diagnosis, where the people themselves cannot afford to pay; that is the trouble. That is one point that I found out about that. Many a time I have had certain cases where I wanted to do it and have had to pay $3 or $2. Lots of patients cannot afford to pay for that. When I send a patient to the Vancouver General Hospital I have to pay this $2. Well, if he pays me $2 he thinks he has paid me plenty, and all I can ever get out of him is about $3. It may cost me actually a lot more, and the question is, is there any method of getting the municipality to foot some of these bills? As far as laboratory diagnosis goes, why there is no question of the necessity of having one. Last year I wanted to get a Babcock milk-tester, and I went to Dr. Underhill to get some information from him about it; but I couldn't get any one to put up the $10 for it. I had no power to force them to give me a Babcock milk-tester. What is the good of Health Officers if you cannot get anything done. It is all very fine to have all this theory and all this talk and paper, but we want practice; we want the stuff while we are working; that is when we want it. I tell you it is right at home we need it; and when you cannot get anything done, what are you going to do? They haven't spent a 5-cent piece on sanitary measures in my town this summer, and I had no

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power to spend any money. As to this laboratory diagnosis, I had four or five cases that required laboratory diagnosis and they haven't any money to pay for it. The Council have no power to do it; so, if they are going to do anything, we want it for practice; we don't want it in theory; we want to get it done. I think the municipality in certain cases would pay some, possibly the Province would pay some, but here I have had all kinds of cases that required laboratory diagnosis and I cannot get it done; and I think Dr. Wesbrook took the proper point on that, that you cannot get the people to put up anything; you cannot get your municipality to do anything; but I think that some time the Province will begin to see that they should do these things.

The Chairman: Any discussion on this paper? If there is no further discussion I will ask Dr. Mullin to reply.

Dr. Mullin: I don't think I have anything to say.

The Chairman: Nothing further; then that completes the programme for this morning. We will meet at half-past two and continue the work of the Convention. As you know, there is just as good work before us as we have had previously, so if you meet promptly at half-past 2 the Convention will resume.

The Convention thereupon took a recess until 2.30 p.m.

Afternoon Session.

The Convention resumed at 2.30 p.m. pursuant to adjournment.

The Chairman: Well, ladies and gentlemen, we will call this meeting to order and have the last session. The first paper is "Milk in Relation to Public Health," by Dr. A. G. Price, Medical Health Officer of Victoria. I call on Dr. Price for his paper. (Applause.)

MILK IN RELATION TO PUBLIC HEALTH.

By A. G. Price, M.B., B.Ch., Medical Health Officer, Victoria, B.C.

The use of cow's milk as a food, especially for the nourishment of infants, and the fact that the composition of milk furnishes so excellent a culture medium for bacteria, and is so fitted for the conveyance of germs of infectious diseases, places milk in the forefront among matters of hygiene which must be considered and studied by Health Officers with a view to the maintenance of public health.

In considering the milk-supply to cities and towns or rural districts, it is necessary to consider the milk in three stages—namely, milk with the producer, milk with the retailer, and milk with the consumer. In other words, milk in the farm, milk in the dairy, and milk in the home.

Let us first consider milk in the farm. Ideal milk within the udder of the healthy cow should be sterile. It is found, however, that the milk-ducts and teats of a perfectly healthy cow always contain bacteria. No doubt these come there through infection of residual milk by bacteria from the exterior of the udder.

The anatomical location of the udder pre-eminently lends itself to the collection of micro-organisms from the cow's hoofs, from the skin, and from the ground on which the cow lies. Flies lighting on the teats, and the hands of the milker too, are means of contamination by micro-organisms. It is therefore impossible to collect milk free from bacteria; even collected under the very best circumstances, fresh milk is computed to contain about 500 micro-organisms per c.c., while the average number of micro-organisms in milk collected in the ordinary way and as sold to the public has been estimated at not less than 400,000 per c.c. Although it is practically impossible to procure an absolutely sterile milk from the cow, yet it should be the aim of every producer to collect milk from his cows under the most favourable conditions for procuring the purest milk possible.

It is with this object in view that legislation is made for the guidance and education of producers endeavouring to produce pure milk, and for the punishment of those who neglect precautions against contamination. The latest amended "Contagious Diseases (Animals) Act" of this Province is one which eminently strives for procuring of milk under the best conditions,

stress being laid upon sanitary conditions of stables, the care and health of the cows, the cleanliness of the dairies and utensils, and the health and cleanliness of the milkers; the premises, stables, and cows being classified into three grades A, B, and C. Mark you, it is not the milk which is classified, but the premises and cows, with the assumption, and rightly so, that the better and cleaner the premises and cows, the better and purer the milk. Stress is laid upon the freedom of cows from disease, especially from tuberculosis. No milk is permitted to be sold from diseased cows, and such cows must be slaughtered.

The subject of cattle-diseases directly communicable from the cow to man through milk is one which can only be briefly touched upon now. It is one which, if at all adequately treated, would occupy more time than is alloted to the reading of this paper. Foot-and-mouth disease, scarlet fever, vaccinia, and tuberculosis are among the diseases which affect cattle and which are communicable to man either in the same or in a modified form.

The question of the conveyance of tuberculosis to man from the cow by means of milk is one of the greatest importance and one which has been extensively investigated by bacteriologists. Owing to the morphological and pathogenic difference between the bacillus of bovine tuberculosis in the cow and bacillus of tuberculosis in the lungs of man, discussions and differences of opinion arose as to the identity of the two types. The bovine type is shorter than that found in man and it grows less actively in artificial media. The difference in pathogenic qualities of the bacilli on certain animals is marked. Bovine bacilli injected into a rabbit was found to kill the rabbit in a few weeks, while the human type of bacilli injected caused but mild disease and did not kill the rabbit for six months, and occasionally failed to kill the rabbit at all. Attempts made to infect cattle with the human type of bacilli for the most part have failed; while infections of human beings with the bovine type have been proved beyond doubt. Koch, realizing these morphological and pathogenic differences, attributed such differences to the environment and nature of the infected subject rather than to the infecting agent.

I quote the following conclusions of the Royal Commission on Tuberculosis given in their report: "There can be no doubt but that in a certain number of cases the tuberculosis occurring in the human subject, especially in children, is the direct result of the introduction into the human body of the bacillus of bovine tuberculosis, and there also can be no doubt that in the majority at least of these cases the bacillus is introduced through cow's milk."

The following facts are conceded: Bovine tuberculosis is communicable to man; bovine tuberculosis affects especially young children, causing abdominal tuberculosis; pulmonary tuberculosis in adults is often traceable to abdominal bovine tuberculosis in childhood.

Keeping the above facts in view, it is plain to see of what great importance as a factor in the suppression of human tuberculosis is the prevention of the consumption of milk from cows affected with tuberculosis.

The "Contagious Diseases (Animals) Act" demands the periodic examination of all cows for tuberculosis and forbids the sale of milk from affected cows; and thus, together with sanitary rules and regulations applicable to stables, legislates for the production of milk in as pure and wholesome condition as possible.

So far we have considered the milk as secreted and extracted from the cow with a view to maintaining its purity at the source. Let us now consider the milk from the time it leaves the stable till it reaches the consumer. The protection of milk from contamination and its preservation during this period, whether it be long or short, is of equal importance from a hygienic aspect as the production of milk under sanitary conditions in the stable.

The rapidity with which micro-organisms increase in milk is very great under favourable temperatures. Kept at freezing-point the bacterial increase is not appreciable, but kept at a temperature 86° Fahr. for twenty-four hours it was found that a sample of milk at first containing 30,000 micro-organisms per c.c. at the end of this time gave a count of 14,000,000,000 of bacteria per c.c. It is evident, therefore, that in order to prevent the increase of bacteria in milk, the milk should be cooled as soon as possible after collecting and kept at a temperature near the freezing-point.

Furthermore, in order to prevent the increase of bacteria, additional micro-organisms must be kept from entering the milk from the atmosphere, from dirty utensils, and from water used in washing same. Milk, therefore, after cooling should be placed in covered containers which have been efficiently washed and sterilized by means of steam or boiling water. It is best to place milk in glass bottles immediately after cooling. Keeping of milk in metal cans longer than

is absolutely necessary is inadvisable, nor under any circumstances should milk be placed warm in a can in which it is to remain for any length of time. Milk is a fluid which readily absorbs a metallic taste from the can in which it is contained, and especially so if the milk is warm.

Strict regulations are laid down by the "Contagious Diseases (Animals) Act" as to the construction, the cleansing, and the keeping clean of dairies and utensils where milk is kept for the guidance of the dairymen and the safeguarding of the health of the public. It is necessary that Health Officers should inspect dairies and inspect them frequently and efficiently. Many dairymen are uneducated as to what aseptic cleanliness means, and they do not realize the necessity of such cleanliness; they are apt to show gross ignorance or carelessness in matters of milk hygiene unless continually reminded or instructed, or even threatened with punishment for neglect.

Let us now consider the milk in the home. The consumer may have procured milk from healthy cows under best conditions of stable and dairy, from a producer or vendor who fully conforms to milk regulations under frequent inspection of Health Officers; yet illness from milk-born germs, diphtheria, typhoid fever, scarlet fever, or diarrhœa may occur in the home. The illness is reported, the suffering family places the blame on the milk-vendor, the dairy or farm from which the milk has come. The dairy is visited, a sample of milk taken and examined and found to be good; then the cause of illness is put down as "undetermined."

When diphtheria, typhoid, or diarrhœa occurs in a household, I make it my first duty to examine the larder or place where the food and milk are kept before making inquiries as to whence the milk has been procured or examining the dairy or store. In 90 per cent. of cases I find that the milk is kept in a place or in such a manner as to invite contamination and growth of germs.

It is well known that the diphtheria bacilli, the bacilli of typhoid, and the various micro-organisms which are the cause of infantile diarrhœa grow freely in milk; they are not indigenous to milk, but they are implanted in the milk from outside sources. Every precaution may be taken by Acts and regulations, by inspections of stables, and supervision of dairies to prevent contamination of milk, but all to no avail if the milk in the home is exposed to the access of germs of disease.

Some years ago, while engaged in practice in Ireland in a town which at that time had no system of sewers other than cesspits, an epidemic of diphtheria occurred. In one house where four children had diphtheria the milk was kept in an open pan on a window-sill in close proximity to a dirty toilet to which flies had free access. In another house where there were three cases of diphtheria a broken drain ran under the floor of the larder where the milk was kept, the drain leading direct to the cess-pit. In another house nine children visitors were affected with diphtheria; all the children had partaken of milk from the same stock; on investigation it was found that a cesspit had been recently emptied in close proximity to the milk-house in which the milk had been exposed and beside which the cow had been milked. From past experience I have come to the conclusion that diphtheria is produced by infected milk more than by any other cause. Some time ago I had occasion to examine a dirty mixture of milk and water taken from pools on the concrete floor of a room where milk was kept; microscopical examination revealed bacteria identical in appearance with diphtheria bacilli.

The germs of typhoid fever are supposed to be more frequently carried by water than by other means, but is it not possible or probable that in the majority of sporadic cases of typhoid the germs of the disease may have been carried by the house-fly or by other means to milk and have thus been transmitted to the patient?

I recollect some years ago, in a neighbouring town to where I lived, a sudden epidemic of typhoid occurred; there were some fifty cases, all of which were traced to infection from one case occurring at an unsanitary dairy which supplied milk to the families affected. We know that the typhoid bacillus grows rapidly in milk, and it therefore behoves Health Officers to be extra careful in the supervision of milk-supply with a view to prevention of contamination when cases of typhoid fever exist in their district.

The proper care of milk in the home is only to be accomplished through education of the public. Many householders are ready to place the blame for illness occurring in the families upon outside, supposed, insanitary conditions, while they overlook their own negligence and carelessness, or in many cases ignorance.

The study of hygiene, and especially the subject of the transmission of diseases, should be taught in all public schools of the Province, and simply worded bulletins on the subject should be distributed. It is beyond the powers of Health Officers to personally attend to milk in the homes in a city. The Health Officer can only supervise the milk in the farms and in the dairies; further his influence cannot go to prevent milk-contamination except through education. The importance of the supply of purest milk, not only to the homes but to the mouths and stomachs of children, is a matter which cannot be overrated.

Up to a few years ago the principal cause of deaths among infants in cities of Eastern Canada was summer diarrhœa, second to which was immaturity and still-births (a matter needing investigation, but one outside the scope of this paper). The death-rate of children in Eastern cities is considerably higher during the months of July, August, and September than other months, whilst the death-rate of adults is highest during winter months. Statistics show that in these cities the child deaths in summer were due principally to diarrhœa, and that since, during the last few years, more rigid milk regulations have been made and enforced with the object of supplying pure milk to children, the infant death-rate from diarrhœa has fallen, and we now find that prenatal causes, premature and still-births are the leading causes of infant mortality.

There is still vast room for improvement. Diarrhœa should be one of the least frequent causes of infant deaths in these cities. In the City of Vancouver in the year 1916 the deaths from infantile diarrhœa numbered only seven, while in Victoria City there was only one death from this cause, or about one per thousand births. While in a more eastern city in 1912 seventy-nine deaths of infants from digestive trouble per thousand births occurred, and in 1915 in the same city twenty-eight infants per thousand births died from the same cause. These records show a satisfactory condition of milk-supplies in Vancouver and Victoria, if we judge the purity of the milk-supply according to the absence of diarrhœa.

In New York the National Commission on Milk Standards, which met in February of this year, laid particular stress upon the grading of milk by bacterial counts, advocating that the control of milk-supply for the community should be based primarily on this system.

The Commission stated that the fundamental objects of grading milk are:—

(*a.*) To aid in making safe for human consumption all milk which can be legally sold for drinking purposes:

(*b.*) To distinguish between classes of milk which, while all are safe, are of different degrees of excellence in respect to cleanliness:

(*c.*) To provide means by which the consumer can make intelligent selection of the kind of milk he wishes to purchase:

(*d.*) To encourage demand for clean milk, thereby rewarding efforts of clean-milk producers.

The Commission proposed that milk be graded into A, B, and C classes. A grade milk must contain less than 10,000 bacteria per c.c.; B grade, less than 1,000,000 bacteria per c.c.; C grade, any number over 1,000,000 bacteria per c.c. A and B grades to be used for food raw, while C grade be used for food only after cooking.

The Commission further stated that in establishing the bacterial standards for a city it is important to take into consideration the necessary age of the milk, the distance it is hauled, and the methods employed in hauling, in addition to the sanitary condition of the milk at its source. This latter finding of the Commission appears to me to be an acknowledgment of the faultiness of the bacterial-count standard previously advocated.

If the bacterial standard were a system to be relied upon for the supply of pure milk, it would be unnecessary to consider the sources of milk-supply. On the other hand, if the source of the milk-supply be sanitary and the storing and hauling be under best conditions, then the bacterial-count standard is unnecessary.

It appears to me that bacterial count is useful in proving the age or impurity of milk, but that it is too lengthy a proceeding and too impracticable in making frequent and quick examinations to be satisfactory for regulating the milk-supply of cities. It takes several days to make cultures for bacterial count. A sample of milk taken from a dairy one day, and another sample taken from the same dairy another day, may vary considerably in bacterial counts. It would be impossible, owing to the time required, to grade milk every day by bacterial-count standard, and there would be no guarantee that a dairy which supplied grade A milk a week ago was supplying the same grade to-day.

For the guaranteeing the purest milk-supply, it appears to me that the best method of procedure is that which is followed in this Province—namely, strict attention to the cleanliness of the source, the keeping and delivery of milk, and to the cleanliness and health of the cattle and milkers. Bacterial counts are unnecessary.

In England, Scotland, and Ireland the "Contagious Diseases (Animals) Acts" are very similar to that of this Province. They order the registration of cow-keepers and dairymen, the inspection of cattle, cow-sheds, and dairies, and direct sanitation of same and cleanliness of milk-stores and utensils, but they do not consider bacterial count.

Thus far we have treated the subject of raw milk and bacteria and have considered the methods best adapted for the procuring a raw milk in as pure a condition as possible. We have seen that, in spite of all precautions taken, raw milk still contains bacteria. These bacteria, however, are not of pathogenic type, they are bacteria which cause acidification, curdling, and decomposition. We have seen that under suitable temperatures the process of decomposition is rapid. We must therefore consider the methods of preservation of milk. There are three methods—that dependent on low temperature, which inhibits the growth of bacteria; that dependent on high temperature, which kills the bacteria; and that which depends on the addition of antiseptics to the milk. Germs will not grow in milk held at freezing temperature; for this reason all milk in dairies and the homes should be kept at a temperature as near freezing as possible. This is not feasible in the homes of the poor, who have not refrigerators; we therefore must advocate for them pasteurization of milk. Pasteurization of milk is simply the heating of milk to a temperature of 150° Fahr. for half an hour and then rapidly cooling. This process kills pathogenic germs without appreciably affecting the nutritive qualities of the milk. Consumers of milk, especially mothers of children, should learn the methods of pasteurizing milk and carry them out in their own homes. The purchasing of pasteurized milk from dairies is not satisfactory unless the dairies are specially licensed and supervised daily.

To completely sterilize milk it is necessary to raise the temperature to boiling-point and to repeat the boiling on several successive days. The process of boiling, though rendering milk absolutely safe, has its drawbacks; it alters the taste, destroys the fine emulsification of fat, coagulates the lactalbumin, and renders casein less easy of digestion.

The lower temperature in pasteurization does not appreciably affect the digestibility or nutrient properties of milk. Preservation of milk by the addition of antiseptics, such as salicylic acid, boric acid, formalin, or peroxide of hydrogen, should be prohibited both in the dairy and in the home as an injurious adulteration.

The nutrient value or richness of milk is usually determined by an estimation of the percentage of butter-fat and solids not fat. Boards of Health in most municipalities demand that all milk sold shall contain 3.25 per cent. butter-fat and 8.5 per cent. solids not fat. In setting such a standard of richness it appears that no account is taken of the breed of cattle supplying the milk. The milk of the Holstein cow will seldom give 3 per cent. butter-fat, while the Jersey cow usually gives as much as 5 per cent. Keepers of Holstein cows as a rule keep Jersey cows and mix the Jersey milk with the Holstein milk in order to make up the deficiency of butter-fat in the latter. This is a wrong policy, especially where the feeding of infants is concerned. The milk of the Holstein cow with its smaller fat-globules is more digestible with infants than Jersey milk, while the mixture of the two milks is found to be less digestible than Jersey milk alone. Far better would it be if the standard of butter-fat were designated to each breed of cow and permission granted to sell Holstein milk as Holstein milk although it contains only 3 or even 2.75 per cent. butter-fat. Holstein milk, though lacking in butter-fat, contains the necessary casein and solids and is more suitable for infants.

Samples of milk from various dairies and milk-vendors in a city should be frequently tested for butter-fat and for solids not fat; a deficiency in the quantity of solids indicates the addition of water, while the quality of solids will show whether foreign substance has been added; there is no fraudulent adulteration of milk which cannot be discovered by careful examination.

If central milk-distributing stations were instituted in all cities, all milk-vendors bringing their milk daily to one of these stations where the milk would be checked and samples taken for examination, such a scheme would go a long way towards a satisfactory settlement of the pure-milk question; it would prevent adulteration and would be the means of bringing the best milk to the consumer; it would make the work of the Health Officer easier of accomplishment, but would probably raise the price of milk to the consumer.

In the City of Victoria by-laws will shortly be in operation which will demand inspections, grading, and registration of all dairies and farms supplying milk and the licensing of all milk-vendors selling milk in the City; but no steps have yet been taken towards the institution of central milk-distributing stations.

In conclusion, I may say that milk is the first, the most perfect, and perhaps the most universally used of all foods, and yet the most dangerous. It therefore behoves all Health Officers to untiringly endeavour to procure and maintain the purest possible milk-supply in their respective cities, municipalities, or rural districts by frequent inspection of all farms and dairies supplying milk, by education of farmers and dairymen along sanitary lines, not withholding prosecutions where there is persistent neglect of sanitary precautions.

And, lastly, by education of the public, the consumers of milk, as to how to keep milk to the best advantage in the interests of their own health and in the interest of the preservation of child-life.

(At this stage Dr. Wrinch took the chair.)

DISCUSSION ON DR. PRICE'S PAPER.

The Chairman: The paper will now be open for discussion by any one present. I would ask that in the interests of all who are in the hall, and especially on account of the disturbing noises of the street outside, which are inevitable, you will come forward to the front and then you can more readily face those that are here and be heard by them in the discussion. The discussion is to be opened by Dr. Proctor, also by Mr. McDonald, Live Stock Commissioner.

Dr. Proctor: Mr. Chairman, Ladies and Gentlemen,—I did not know that I was to be the first to discuss this excellent paper which we have just listened to; but we have had a very fine résumé of the whole subject, from the dairy to the consumer, and dealing with the question of bovine tuberculosis. It is now known that bovine tuberculosis is not the proper name at all; it is definitely transmittable to man, and the Government of this Province deserve all sorts of credit for the powerful and efficient way in which they have insisted on the examination. It means the outlay of a great deal of money for the systematic testing of our cattle for tuberculosis, but as a result to-day I think there is very little milk reaching our people from non-tuberculin-tested cattle. It would be interesting for us to know just how much bovine tuberculosis is existing among our children; but I am satisfied, if this work is continued, as I think it will be, that that will be very much eliminated, as it has been eliminated already.

I had the privilege some year ago of being on a Milk Commission in this Province. I had the privilege of working with Dr. Paton, and I hope that we accomplished some good for the Province, but we certainly learned a great deal ourselves—I learned a great deal myself. We found that the problem of the milk-supply of our people was not as simple as it appeared. It is somewhat in the nature of a chain from the dairy right to the consumer, and there are several important elements in that chain. First of all, there is the system in this Province under which these dairies are grouped and the cleanliness of the supply safeguarded. We found in the Province in those days dairies of different types. Some dairies were a credit to the Province, some were not; and we usually found that where they were not it was the result of absolute ignorance on the part of the dairymen as to what was necessary to ensure a good milk-supply. They were all willing enough to do it if they only knew how, but they didn't seem to have any conception of the danger from the fly and from having the manure-heap close to the dairy. At any rate, they seemed to be quite glad to do it when they were told; but there were certain dairies, as I said, that were—and I am sure they are different since—very much in want of cleaning out.

Then the question of transportation of that milk—that is, of our milk-supply in this city; I am not sure that it is true of Victoria or any other city—has not grown right into the facilities of the city, and the transportation is a simple matter; but in this city, at any rate, it comes from a long distance. I dare say you know that a very large proportion of your milk-supply comes from south of the boundary, from Washington; and I know one of the grievances of the dairymen in this Province was, in the line of milk-supply here, that while the dairymen in this Province were subject to all sorts of inspection which it was hard for them to live up to, hard to live up to all the rules and regulations, we had no right to go into the State of Washington and inspect their dairies and penalize them if they were not up to the scratch. That was a grievance.

It is a comparatively simple matter, of course, in the winter-time to keep milk that has been properly cooled at the proper temperature; but it is a very different thing in the hot months of the summer. I dare say many of you have been up here in Chilliwack on the main line of the Canadian Pacific Railway and the railways to the south of us, and you have seen milk-cans on the platform which have stood out after being cooled; perhaps there is something the matter with the time-card, the train has been late, and that can is standing out in the sunshine and getting thoroughly well heated, and then jogged along, and there is no attempt made at cooling until it reaches the city. These I tell you are some of the difficulties we found out when I was on that Commission. Then the milk reaches the city. One of our recommendations—I am glad to see it is one of Dr. Price's, because it is one I am thoroughly in favour of in regard to having an efficient milk-supply—is that this city and every city ought to have a central milk depot. Now, under our present system, inspectors of milk, and that statement is true to-day, get samples from the different dairymen. I believe that every man who sells milk in the city should be forced to bring his milk to a central depot, and there the City Inspector should be for the purpose of examining that milk to keep that milk up to standard, or have it thrown out in the gutter; and a few examples of that character would very soon, I think, convince these people that it does not pay to bring the milk in in an impure state. I believe, further, that, having arrived at the central depot and having had the seal of the city or the Province placed on that milk, the distribution of that milk in the city should be undertaken by the city. I dare say some of you know that discussion has been going on for some time on the price of milk. You have heard about that. A good deal of the blame for the increased cost of milk was laid at the door of everybody having to keep up a staff to distribute their own milk. Well, ladies and gentlemen, there is one thing more than another that the Germans have taught us, and that is on the subject of organization. What we want in this question of our milk-supply is better organization to reduce the cost to the consumer.

And then Dr. Price has brought very well before you what happens to the milk when it goes into the home. It is not much use having the dairyman all right, having the transportation company put ice in its cars and keep them clean and free from anything that might contaminate, without permitting them to stand out on platforms, and then reaching the central depot with every proper precaution, and the milk leaving there absolutely right and guaranteed, if you are going to have filthy conditions in the homes of the people, such as just described to you by Dr. Price in a home of that kind. That, ladies and gentlemen, is the result of uncleanliness on the part of these mothers who are feeding that milk to their children. They simply do not know. It seems to me it would be a very fine thing if every girl in our schools, rather than being taught the number of bones they have in their body, which is not particularly important or necessary for them to be taught, they should be taught something about the proper care of milk and the dangers of it; and I am sure that could be done, because it is the result of ignorance, and no mother who loves her child would possibly feed milk to it that came, as Dr. Price said, from milk in a pan 6 inches from the toilet. That is incomprehensible; they absolutely do not know. That, I think, is what we want. I think if we educate our people, our dairymen, to the great importance of taking care of this milk when they buy it, then I think that the magnificent result in the infant mortality would be greater even than it is now.

One thing before I sit down. I am a very firm believer in pasteurized milk. You know the price of pasteurized milk was put up to us by the committee. This pasteurizing of milk creates a sort of feeling with the dairymen all along the line that it does not make any difference how dirty it is; if it is pasteurized it will be all right, anyway. Well, even under the most perfect conditions you cannot be quite sure. Pasteurizing is an easy thing to do and it does not alter the chemical contents of the milk, and I believe very strongly in it. Indeed, if there is a lack of protection in other directions, it makes doubly sure.

While I am speaking of pasteurization, I might say this: that we found they had two methods, one they called the flash method, and another method which is no good at all. It should be done, and can only be done to be efficient, by the Holbein method. That is the only efficient method of pasteurizing. That is the method described by Dr. Price.

The Chairman: Mr. McDonald.

Mr. McDonald: Mr. Chairman, Ladies and Gentlemen,—I am very glad of the opportunity of being here to take part in this discussion on our milk-supply. I had the pleasure of being present at a previous meeting where we talked a good deal about tuberculosis. As has been

mentioned by Dr. Price, we have now an amendment to the "Contagious Diseases (Animals) Act"; that is, an amendment of that part of the Act relating to our dairies and milk-supply. I have brought a number of copies with me, I think I have just twenty; but I should like to have you take a copy, and any of you who want a copy, if we are short of them, I will be glad to send one to you.

Now, since the last meeting of Medical Health Officers a good deal of progress has been made in regard to the testing of cattle for tuberculosis and the control of that disease. We have not, however, made the progress that I had hoped we would be able to make owing to lack of money, and also lack of a sufficiently large staff. It has been difficult at times; I am trying to convince the powers that be that we need more money than we are getting. The year previous to this one I wanted to get $50,000 for the work, and succeeded in getting $10,000, after a desperately hard fight put up by the dairymen themselves. Dr. Proctor paid a compliment to the Government on the work that had been accomplished; I also wish to compliment the dairymen for the stand they have taken in regard to this work. Now, we have heard from different individuals some opposition to the test, and we have seen a number of letters in the press. That position, however, does not represent by any means the general opinion of our dairy-farmers. And, after all, the progress that has been made is due to a large extent to the manner in which they have gotten behind the work and supported it.

I just wish to state that in recent conventions of the British Columbia dairymen they have passed strong resolutions endorsing the work, without a single dissenting vote. In spite of the fact that, with these people assisting us, we haven't been able to prosecute the work as vigorously as we should have liked, about three years ago we were finding—less than three years ago—two years ago we were finding in the vicinity of Vancouver, in a considerable area of the district supplying the milk, 15 per cent. of reactors. At the present time we are finding 4 per cent. in these same herds, and, better still, the great majority of these cases are in the incipient stage, showing that the fact that we had got that 4 per cent. is largely due to the fact that we did not prosecute the work as vigorously as we should have done; that is, we have not followed it up as rapidly. What I would like to do would be to retest the herds in which we find even a single reactor, within three months, in order to get the animal that may have the disease in the incubation stage before the disease has evolved to the point where it may be transmitted to other animals in the herd. Now, if we can only do that, we are getting where we can control the situation very nicely. And I will confess that the results that we are getting now are much better than I had expected, in view of the method in which we have carried on the work.

Just at this time, too, I am going to take the opportunity of referring to the matter of meat from carcasses of reacting animals being sold for human consumption. Periodically we find a lot of agitation carried out from different sources regarding that question. Now, we do allow meat from the carcasses of reacting animals to be sold for human consumption, provided it passes a severe and rigid inspection. That inspection is more rigid than the most rigid meat inspection carried on anywhere else in the world. In order that you may be sure that you are getting good meat free from disease, I would suggest that the best practice would be that, where you can get it, you should buy the meat from the carcasses of reacting animals, because only meat that is fit for human consumption from that source finds its way into our meat market. I am presenting that problem in rather a peculiar manner, but the common argument that we meet is that milk from an animal that is unfit for human consumption indicates that the carcass will be unfit for human consumption. Now, we don't say that milk from all of these animals that we condemn as reactors is unfit for human consumption. We know that much of it is absolutely free from tuberculosis, but we have got no method, no practical method, of determining whether or not the milk from certain cows is not likely to contain—well, contain the germ, or the tubercle bacilli, while in many cases it may. The bacteriological test for tubercular bacilli is not very simple—or, at least, it is a little more difficult than the ordinary bacteriological test of milk; and sometimes we might find germs present in certain tests, while in other tests the milk from the same cow might appear to be free. And then, too, we believe we are safe in assuming that in the majority of these cases sooner or later that animal will reach the stage where it will be positively dangerous as a milk-producing animal; and not only that, but that animal is spreading the disease to other animals in the herd, or may do that; and I hope, at least in discussing this question, in setting forth the reasons why we should have tuberculin-tested cattle, you will not fail to mention the economic side of it, as well as the public-health standpoint.

I believe that one of the reasons we have made the progress that we have made here, and that we have secured the sympathy and the support—I should not say sympathy, but the support—of the dairymen, is that ever since I have had charge of the work I have at least tried to point out that the dairyman could not afford from an economic standpoint to have a diseased animal in his herd, otherwise he is likely to feel that he is bearing the whole load, that he is paying the bill for public health; whereas, if he is brought to look at it from a broader standpoint—and most of us do not look at it from that broader standpoint—he is going to take more kindly to work of this kind.

Since I came here this morning it occurred to me that we might have arranged rather an interesting side-trip up to P. Burns's abattoir, and I thought that at the time, as we had brought over this week quite a large number of reactors to be slaughtered at P. Burns's abattoir, it would have been very interesting and instructive to have arranged, immediately following this Convention, to have had these animals slaughtered in order that you might have an opportunity of making a study not only of these diseases in our cattle, but also the inspection or the method of inspection carried on at P. Burns's abattoir. Unfortunately, P. Burns's abattoir is the only place for the inspection of reacting animals where there is meat inspection in British Columbia. We are working under rather a peculiar system in Canada and the United States; that is, it is assumed that if we are exporting meat outside of the Province, in the United States outside of the city, it must be inspected. That is, if we are selling it to somebody else we must give them a good article; if we are using it at home it doesn't make any difference how badly diseased it is, it is all right for our home consumption.

At the previous meeting of the Medical Health Officers I advocated the institution of public abattoirs, municipally owned and operated abattoirs. Now, there are some difficulties in the way, but it seems to me that the only solution of this inspection is that we have municipally owned abattoirs where Government Inspectors or municipal Inspectors will be stationed. It is impracticable under present methods to inspect every little product at the slaughter-house, and probably it would be to-day in the field or the bush, particularly if it happens to be flooded with tuberculosis or some other disease. Some of the diseased portions remain there and the remainder of the carcass is brought into town and sold for human consumption. Now, if there is any doubt in the minds of any person regarding this meat inspection or the sale of this meat, the advisability of its sale, I would be very glad to hear from you, and I would be very glad to have a full expression of your opinion. In the inspection that is carried on where the animals are sent to P. Burns's abbatoir, there is some inspection, they are slaughtered under Federal Inspectors; but where they are slaughtered elsewhere, it is under the supervision of our own Provincial Inspectors.

The question of pasteurization has been referred to you, and this is a question which we always have at a conventional gathering of dairymen and those interested in the milk question—quite an argument or discussion. There are different phases of pasteurization, as has been pointed out. There are things to be said in its favour, and there are other things to be said against it. Pasteurization as it is carried on commercially is not perfect pasteurization. Now, we might say here that pasteurization will solve the problem, but when we go to the dairyman he says that he cannot sell perfectly pasteurized milk, due to the fact that you cannot secure perfect pasteurization without destroying your cream-line, and the dairyman cannot sell milk without the cream-line; that is, unless there is cream on the milk, unless the cream rises, the customer does not want it, because the majority of customers pay a great deal more attention to the cream-line on the top of the bottle than the dirt on the bottom of it. Under commercial pasteurization the nearest we can get to complete pasteurization is 98 per cent. of efficiency. Now, that is up to the present time the very best pasteurization in commercial plant, and you will understand that a great deal of it is going to fall away below that in efficiency. You are leaving, then, a certain percentage of your bacteria in your milk, and you may be leaving pathogenic forms in a field more favourable for their development than was the milk before pasteurization. Personally, I would not care to use pasteurized milk; that is, if I thought the milk was dirty, filthy, and was compelled to use it, then I would want to pasteurize it of course; but I would not want any one else to use it, and in our own home we do not use pasteurized milk, but endeavour as far as possible to get a good wholesome supply of whole milk, raw milk produced under sanitary conditions.

I am leaving certain other phases of the subject of pasteurization to Dr. Wesbrook, if he will be kind enough to discuss them, as Dr. Wesbrook understands the point to which I refer —namely, the influence that pasteurization may have on the food value, particularly the food value for infants.

A short time ago in the Pacific North-west there was what was known as the Pacific North-west Dairy Milk Inspectors' Association, which to my mind is the most influential association, the most influential factor in the matter of milk-supply of the North-west. You will remember that a year ago, or a little over a year ago last spring, we held the convention of that association in Vancouver. Although I was the only Canadian member in the association, the association was kind enough to hold its convention here in Vancouver. I regretted that we did not have more of our consumers and more of our Medical Health Officers present. I know that many of our municipalities are pretty hard up, and Victoria, although the distance was very short, after due consideration decided that they could not afford to send their Medical Health Officer over to Vancouver to attend that convention; and we cannot expect other cities farther removed, more distant, to send their Medical Health Officers, although I think all who were present will agree that it was a very excellent convention. In promoting that association we hoped to be able to accomplish certain things in co-ordinating milk inspections, and a few of us gathered together in Seattle decided that it might be advisable to bring in dealers, purchasers, and consumers into our convention, give them associate membership, in order that we might have the benefit of their advice and opinion, because if a certain group of men engaged in a certain line are all working together, and alone so to speak—say, for example, a group of Medical Health Officers—they may overlook some point which perhaps a man engaged in another line of work might think of; and we have found the advantage to be far greater than we ever anticipated. Outside of our association—at least, from that association subsidiary associations have been formed, and I hope that we will be able to have conventions of all our Medical Health Officers from the Province of British Columbia. The next convention will be held in Spokane.

Dr. Proctor referred to milk coming from south of the boundary-line. I believe at the present time that we are not having any milk coming from the State of Washington, although at the time he was acting on that Milk Commission there was a very large amount of it coming from the State of Washington; and, by various means, that was shut out by the municipalities enforcing regulations which they were empowered to draft under the "Milk Act," requiring the same inspection that we were enforcing in British Columbia. The Province was not able to do it, but the Province was able to give the municipalities power to do it, although we could not do it ourselves—at least, our department could do nothing in the matter.

Another point mentioned, that of a central milk inspection station, has just recently been adopted by the City of Tacoma. I don't know just how it is working out, although I have no doubt it will prove quite satisfactory. This is a very big question, and I am sorry that I have transgressed so much on the time, but it is a question in which I am very deeply interested; and I hope to hear further, and especially if you have any opinions contrary to those I have expressed, I would be very glad to have you express them, as it would be of assistance to us in our work. (Applause.)

The Chairman: The paper is open now for further discussion. Dr. Wesbrook's name has been suggested as one having information on this. May we hear from Dr. Wesbrook?

Dr. Wesbrook: Mr. Chairman, Ladies and Gentlemen,—Some of you have been more than kind in listening to me. I have been talking too much this morning and had not expected to speak this afternoon, but to sit here and learn. There are a good many things that are of importance to us which have been brought up in the most excellent paper which has been presented and the discussion which has followed. I was glad that the reader of the paper laid a special emphasis upon the important factors in the production, handling, and distribution of milk from the time it left the cow until the time it came to the consumer. Dr. Proctor added to that, and Mr. McDonald told us about the inspection for tuberculosis. Those are the factors that are important in the handling of milk. It was expressed at one time by a colleague of mine in a literal way, which exactly corresponds with what the reader of the paper said: Since milk is an excellent medium for bacteria, and since temperature is a factor in the growth—a Provincial factor at least—and since it is ordinarily taken from the cow in a very careless way so as to allow the milk to be polluted, you might express the needs literally as I have said, something like that; it means handling it quickly, cooling it at once, and, of course,

cleanliness is the most important. Now, those are the important matters in the handling of milk.

About its production, we have had quite a bit of discussion to-day, and they have all pointed out the difficulties in the handling of milk. We know here that it is not a matter of getting a milkman and going out and picking out a cow from which you want your milk, picking out the person who is to milk the cow and keeping him under medical supervision, and the cow under veterinary supervision, and the railroad, and the man that drives the milk-wagon, and various other things; that is not everything, for if you have to do things on a large scale, particularly as the milk-supply for a large city comes from a great distance—Dr. Proctor tells us it will come into the City of Vancouver in a good many instances from across the border. Now, take a place like New York, you must remember that they draw for their milk-supply from the country half-way to Chicago. When they get an epidemic of typhoid in New York which is supposed to be due to typhoid, they make an investigation of conditions on the farm; they investigate the people on that farm where the milk was produced, and that may be anywhere from 50 to 250 miles distant, or perhaps 500 miles, more or less, distant, so these are things which we have to recognize. Now, can we get any one single fool-proof proposition that is going to safeguard us? And that brings us to the point of pasteurization. Now, that is the nearest thing that we can do. We have already seen the difficulties of pasteurization. We have seen that under commercial conditions only about 98 per cent. of the non-spore-bearing bacteria are killed. However, that is pretty good; and that is only under the very best conditions. You have heard about holding the milk at a certain temperature, the flash method, where they shoot it through a tube, where it goes through very fast; but apparently to secure good results you must hold it at this temperature, and since it is important that the milk should not be too high, it must be held at that temperature longer than it would need to be held if it were higher.

Now, the difficulties you have in pasteurization have been mentioned; here are a few more: In addition to the one that milk which is rotten—I use the word advisedly, I think—in addition to the belief that rotten milk can be made all right by pasteurization, we have this fact: that after pasteurization your milk is more likely, if it is kept too long or in bad condition, to be very problematical as to its condition than if it had not been pasteurized.

Now, the common bacteria in milk are those which sour the milk and produce lactic acid. Lactic acid is in itself antiseptic, and that again which the reader of the paper gave us, if these bacteria were largely lactic bacteria they would not harm you particularly. Most of the bacteria passed through by this process, but you leave in the spore-bearing, putrefactive bacteria, and the fermentation in pasteurized milk is much greater than the bacterial fermentation in unpasteurized milk; that is, you get all the bacteria which putrefy and which rot, which form spores, and they are left in there, and although they may be relatively few in number, if you don't keep it very cold and don't keep it too long it may be all right; but the curds you get on that kind of milk are quite different from the cheese-curds you get from your lactic acid, so that you might just as well be eating rotten meat as drinking rotten milk.

Now, that brings me to the idea that in all cases where it is at all possible milk ought to be examined where it is brought from, so that everybody should know how old it is, because even certified milk where perhaps you don't get over a hundred bacteria, which is supposed to be the most desirable milk, milk for which you pay probably 20 cents a quart, if you keep it it will be all right. Now, another thing about pasteurized milk, to which Mr. McDonald referred—and it is like what Dr. Adam Shortt said about politics and other affairs the other day at the University Club. We are not faced with a clear-cut decision usually in our lives, as to what is quite right and what is quite wrong. It is usually between one thing which seems to be a little more right than another, or the choice between a minor and one that is greater. So it is with your milk. I have indicated here some of the difficulties of pasteurization. Here is the other way: As yet we don't know, we haven't data enough, in my opinion, to say whether pasteurized milk contains all the things that are desirable for young children. Now, take the matter of growth, we are learning a great deal about vital statistics, and we know these are things that are present in three food products that heating in a great many instances will eliminate—but I think that can be taken care of; but I am on the side of pasteurization; although they can be taken care of as we go along by special conditions, which will give us something raw—it may be a vegetable product—which will look after these things. We have sometimes scurvy right here. We don't have to go to the North Pole to get scurvy, and we have to look out in getting at the vegetable

products or other things. However, from my personal examination, like Mr. McDonald, I should prefer to have a milk that is produced from a cow that has been tested for tuberculosis and found free of tuberculosis, and retested again in three months, so that if it had the incipient bacilli I would like to know that these few bacilli had been grown from a real case of infection; and, secondly, that that cow should be inspected for other conditions besides tuberculosis. We must not think, when a cow is pronounced free of tuberculosis, that it may not have other things about it which may be harmful. Thirdly, I should like to know that that milk is handled by people who have been medically inspected. (Applause.) Now, that is very important. However, I am transgressing somewhat. I would like to say a few things about milk epidemic, that is important; and then I should like to know that it was so handled by that healthy person that he did not get cow-manure or any other objectionable things in it. It is not so many years ago that the Germans startled us by having one of their number report the number of tons of cow-manure that went into Berlin in one year. We might as well look those things squarely in the face. Fortunately we are not so susceptible as a cow to many diseases, but we might as well face some of these things. Then I should like to know that it had not been milked in a dusty place, that the cow had been washed out; if it had been milked by milking-machine, that the milker's hands were clean. He need not have on a whole white-duck suit, and he need not milk in an operating theatre. That is where the milk used to cost so much, certified milk cost so much, they thought all these things were necessary; but if you just keep the dust out, keep your hands clean, keep the teats of the cow clean, and keep your milking-utensils clean, we have found now that certified milk can be produced very reasonably; and I feel quite sure that Dr. Underhill—I hope he will show us some samples of the very good milk that has been produced in Vancouver under his supervision. I think that we may say that we have a very good milk-supply in Vancouver, as a general rule. I know, before selecting my milkman, I asked Dr. Underhill's advice. There is no use having expert opinion if you don't avail yourself of it. Now, these are the things I want to know; and then I would like to have that milk delivered to me, if I could, with not more than, say, 1,000 bacteria per cubic centimetre in it. Then if I don't know enough to take care of it after I get it, that is my business. I don't think any of the Government men or municipal Inspectors can follow the milk into the home. I think up to that point we should have inspection, but it must be co-operative inspection, co-operative in this sense—or international inspection—if it is going to be efficient. Now, I hope I have made this thing clear. I believe that pasteurization is the nearest thing to give us what I called, using a rather crude expression, fool-proof, something that the most mediocre brain can keep.

Now, about these diseases, we are not specific about these things. I am sure that the writer of the paper will not wish us to infer that the flies carry diphtheria from the toilet into the milk. They don't. They may carry diphtheria or typhoid or other things from a human source or from an intermediate source, like receptacles, to other people, but you don't find that bacilli are in toilet-rooms or in a pan, you find them in people's throats and noses. Sometimes, when you don't suspect it, you find it in the case of people who have had the disease, or in the case of people who have not been suspected at all of having it, who carry it.

Now, this idea of carrier is pretty general in application. I might tell you of one—I think Dr. Mullin ran this investigation—we had one time there a case of diphtheria in the vicinity of the university, along the east side; well, what should you do when you are having an epidemic of any disease? Every case should be reported at once by the physician to the Medical Health Officers. In that report it should be; then the Medical Health Officer goes out and he finds out a number of things, the water-supply of the patient, where he was for awhile, for particularly in typhoid cases you want to know what he was doing for weeks; you don't want to know what he was doing to-day, you want to know what he was doing for weeks, where he was infected; you want to know his milk-supply. Well, these men came in and they said that it was the milk-supply where they detected the presence of bacteria. And in this case he was the best milk-dealer in the City of Minneapolis, and he got a very black eye, and it was very very unfortunate, because he should have been encouraged in every way; but those were the facts. What did we do about it; what did Dr. Mullin's colleagues do about it? Did they go and examine samples of the milk? No; they went out to that man's dairy and they took swabs from the noses and throats of everybody who had to do with the milk, and they found a Swede there who had only been in the country for a few weeks, but he was a good carrier, and he had diphtheria in his throat and nose. He may have talked or he may have sung or he may have sneezed, or something

of that kind, over the milk. Anyway, that was the dairy. You see, it must carry down to actual observations. How can you theorize when you cannot get any further? You are supposed to begin the theorizing when you cannot find out anything more. In a case of typhoid fever, in the same way you find the cows don't have typhoid fever. You can't get typhoid fever from a cow, you can't get it from any mysterious source; you get it from the individual who carried the typhoid. "Typhoid Mary" is perhaps more historical than anybody else. Now, they didn't know what to do with it. She seemed to have all these bacilli in her system, the typhoid bacilli. That is not her fault, but it is her misfortune, and somebody else's. They had her on the island for quite a number of months; there was no legal machinery to hold her. She might just as well have all her boxes and her hands full of bonds so far as the community was concerned. She is supposed to have been the cause of twenty-two different typhoid outbreaks.

They found on a Russian estate some years ago a woman who was a typhoid-carrier, and had been for seventeen years, and she had been distributing typhoid; she had been the cause of typhoid outbreaks for a number of times because she was in the dairy of that estate. Now, as soon as anybody gets diphtheria or anybody gets typhoid, and you find one of these people in a dairy, you have got to get control, cut that dairy off for the time being; then you have got to segregate that person and cut him off in the meantime until you have examined everybody else in the whole household and the whole establishment, until you find out by this examination that they don't have diphtheria or that they don't have typhoid. That is where you are getting milk that is not pasteurized, and you ought to do it, anyway; you ought to do it, it is good business from a public-health standpoint. So it is with your tubercular bacilli; as Mr. McDonald pointed out, the main factor involved in tuberculosis was not perhaps the question of public health, because perhaps a different person—I mean you have a number of percentages—there are only a limited number of percentages of those cases in which you cannot find the tubercular bacilli of the bovine type. Of course, there is another disease group, where you find children infected in infancy; there may have been a change from the bovine type to the human type, but nobody can prove it. There is no conjecturing about it; but the main consideration is of the cow only. You cannot afford to have tuberculous cattle; they don't produce as much milk, and if they are beef animals they will not as a rule take on beef so fast; and, furthermore, he gets his whole herd infected; and we have seen to-day that it is to his interest to get rid of tuberculous cattle, and if he does that then we will be safe.

Now, you see, in all these cases we must keep quite clearly in mind that there are definite special methods for finding out these things. You do not examine a sample of milk for the tubercle bacillus, you go and see if you can find the cow that is tuberculous. You don't examine the milk to see if there is any typhoid in the milk, you go and find out whether there is a case of typhoid, or whether the man who is handling the milk or his wife is sick with typhoid, or whether, where the case is water, for the purposes of dilution or perhaps for domestic use, it is on a farm where they have typhoid, and you go and examine the individuals to see whether they have diphtheria in their mouths or noses, diphtheria bacilli; and that is the reason that medical inspection of the people who handle the milk is very very important. But as a last safeguard it seems to me that we will be driven to pasteurization, but not pasteurization, as the doctor intimated, in the unscientific commercial way that the commercial man sees it. We will come to have city pasteurization. We will probably come to have a city system, because you must not blame the producer now for the high price of milk—alone, I mean; you must not blame the producer alone for the high price of milk, for that producer only gets half of what you pay for his milk; but if you are going to insist on each one of us having a separate milk-wagon driving up to his door and then driving off a quarter of a mile before he reaches his next customer, when right across here there is another milk-wagon doing the same kind of thing, that is not economy. That has been pointed out. We have had it up before; I think we were discussing this at the food-control meeting yesterday. Mr. McDonald, I think it was, told us that they are getting so particular now in certain places, competition is so keen that they have a separate milk-wagon going down one side of the street and he is not allowed to run across to the other side with a can of milk; he just takes care of those houses in that row, and there is another one for the other side. Now, that is what German economy can do; but we can flatter ourselves that we have a very much better supply than Germany has, just the same, because we have been trying to educate the people with meetings of this kind.

Now, this is not a small problem. It is going to cost you more if you are going to have this kind of milk; but we heard this morning that health was a purchasable commodity, and we still hope to get from Mr. McDonald, if he would tell us his opinion, that not only is this the one article that contains all the things needed by everybody, but that after all, even at the present high price, it is the cheapest food that we can buy; so that makes it, I think, one of the most important things with which we have to deal, and that is the reason that co-operation is so necessary; and I hope that before we get through the organization will advocate pasteurization of milk, as being such an important article of food which should be used by everybody, a great deal more than it is.

I beg your pardon, Mr. Chairman, but this is an important matter and I was carried away, as I am so liable to be when I get interested. (Applause.)

Mr. McDonald: Mr. Chairman, if I may be allowed just a word in regard to this question that Dr. Wesbrook referred to; there is in our office, if any of you have time to read it—I haven't yet had the time to read it thoroughly—a report from the Wisconsin Experiment Station which shows the work they have carried on, that the vegetable oils do not contain the principles of this growth that is contained in these other things. It may be that some one present has read this report. I just glanced over it hurriedly.

The Chairman: Is there any other member who would like to discuss this paper?

Dr. Petersky: Mr. Chairman, Ladies and Gentlemen,—All this theorizing about milk will not help me in my work. As we all know by this time, I am in the country. What I want to know is how to get pure milk in the community under my jurisdiction; that is my particular difficulty. The same information that you get here can be obtained by reading the papers of others. I have learned a great deal by hearing these papers, but what I am going to carry away from this Convention is this: that everything in public health is a purchasable commodity, anyway, and pure milk is one, and it all comes down to a question of money. Now, just to give you a little illustration in our community: The milk comes along in a baggage-car to the town, and if the train is late the milk is spoiled before it gets there. The result is that condensed milk is used. Now, we have all heard about the infant mortality, and I believe in providing cow's milk where infants can progress favourably. Now, what are you going to do there? You all know what is said about using condensed milk. Condensed milk contains carbohydrates which are very bad for infants. Now, we are up against it there. The merchants, however, say: "If you pay me more for the milk I will get it transported specially in a box of ice." In other words, you will have to pay freight on the ice as well as the milk. And what do those people do? They absolutely refuse to pay another cent for that milk, and as a result I have had some babies there with diarrhœa, the mothers have been unable to get them what they wanted. I gave them modified cow's milk; that is what I prescribed. Where are they to get the milk? The milk came in one day, the train was late, and the milk was spoiled before it got there, and the merchant refused to take it. As a result there was no food for that child unless they used condensed milk, and I had to condemn it. Well, you are up a tree.

You were saying it would be a good idea to have a central milk depot, that the city shall deliver. I say, why not the Government deliver to communities of a certain size. If you want to have the babies live there is a way to do it. Then, on the other hand, that brings us down to that question, if it were going to mean a difference of life and death for their babies they might be willing to pay an extra 10 cents a quart which they absolutely refuse to pay there.

Now, as regards the milk after it goes into the home, if I may be permitted to disagree with Dr. Wesbrook, I say no, by all means, it is not our own business. It is all right for Dr. Wesbrook and for men who know when they have good milk in their homes; but these ignorant people, and we find, I might say, over 90 per cent. who don't know what to do with it when they do get the milk in the home, they should get that education that we have been talking about all day yesterday with respect to child-welfare, and so on, as to what to do with their milk. If they don't know what to do with it, I don't see that they should be allowed to simply lie down and die. I think that is one of our duties as Health Officers and the duty of the Health Department to teach these matters. That brings us back again to the high-school girls getting lectures on that point. Now, if the Chairman will allow me to mention that subject, although it is not on the paper——

The Chairman: You will not be long?

Dr. Petersky: No, just for a moment. I just want to call your attention to the question of food inspection by us. The Health Officer in the country is supposed to be a check on all this. They have to examine the carcasses. Now, what do I know about meat inspection? I might do a post-mortem perhaps, and know a little about pathology. Now, I was called in a particular case, and I read through my "Health Act" thoroughly, and found that I had the power to condemn, under the "Health Act," that which I thought was unfit for human consumption; and this particular carcass, I did not attempt to use a medical expression, the symptom alone, but the symptom complex of the whole case; in other words, I tried to use my head. I found one man that sold meat was notoriously a man that was very, very severe and would not undersell to anybody else, and he sold it so cheaply that it aroused my suspicion. And then the carcass itself. I had never examined meat before; well, I simply told the sanitary officer—the Provincial policeman—I said: "I wouldn't eat it, and I don't see that anybody else should." Well, the meat was condemned. I had to leave that place for a few days, and some sea-lawyer advised him to send a sample to the Department for analysis, and that they would put it over me. I saw the letter; it arrived the day that I came back, and the Provincial police showed me: "This sample contains actinomycosis and the carcass is unfit for human consumption." And the Government Inspector was sent up to examine the herd. Now, that shows you what we are up against in the country. Another thing: Meat is sold in some places the day that it is killed, and it was always with fear and trembling—there was no other way of getting it—I eat that meat myself.

Now, I take it that this Convention wishes that all the problems that we have and that have been discussed here should be looked into, as they are not easy to get over. (Applause.)

Dr. Underhill: Mr. Chairman, Ladies and Gentlemen,—We have heard the scientific side of the milk question, but we poor Medical Health Officers have another side—the practical side—and that is what I want to deal with at the present moment. It is always instructive to meet a man who can give us a paper such as Dr. Price has given us to-day, and I wish to congratulate him upon his achievement. Looking at the matter from the practical side, I cannot see of what use it is to have laws if they are not carried into effect. The Acts of British Columbia relating to milk are plain and straightforward, and it is the duty of all of us to see that they are put into practice. I regret to say, however, that they are not put into practice.

Now, Mr. McDonald has taken the sting out of what I wanted to say, because he has honestly said that he has neither the money nor the Inspectors necessary to properly carry out his work. Now, just keep that in mind. Don't run away with the idea that all the herds in British Columbia are tuberculin-tested to anything like the extent they ought to be, for they are not. I am simply stating facts—facts that I can prove; and Mr. McDonald can bear me out. It is quite true that they want money; it is quite true that they want Inspectors; that is not my business. My business is to see that the milk-supply of the City of Vancouver is from tuberculin-tested herds, and I say it is not. There may be a small percentage, but it should *all* come from tuberculin-tested herds. We hear that the farmers object. They may have a good reason for objecting, but I am not speaking from their point of view; I am speaking clearly from the point of view of the Health Officer who has the care of the milk in this city to-day. Dr. Wesbrook was perfectly correct in stating that we have a very excellent supply of milk here, but it would never do for any Health Officer to sit down and be content with anything. (Applause.) Therefore, if the Health Officer is doing his duty, he has always got a kick, always a grunt, coming; he should have in this business. Every one else is kicking at him, and he should have an opportunity of returning that kick. Now, the "Milk Act" here is all right; I don't object to it, but it is the manner in which it is enforced that I object to.

Dr. Price mentions the sterilization of utensils. That is a very excellent thing; I think they should be sterilized, but, like most other things, when you come down to actual practice it is not carried out—it is simply played with. Why is it neglected? Because the farmers and dairymen don't know what they are doing. Of course, there are good, bad, and indifferent farmers, as there are good, bad, and indifferent men in every branch; this is not intended as a reflection upon them, but I am telling you what we must face as Medical Health Officers. We may imagine that these utensils are sterilized, but they are not. They can't be sterilized; the farmers haven't got the machinery to sterilize them, and they haven't got the system to sterilize them.

Now as to the question of the classification of dairy farms: What has classification done in the past? It is a puzzling phrase. With all due deference to Mr. McDonald, I say it is an absolute farce. Every farm that does not come into Class A or B is in Class C. Class C is the ultimate quantity; you cannot get down any further, and so to save the face of the farmer they put his farm in Class C. You might as well call it Z or anything else. I don't know that we have any milk coming from Grade B farms. Of course, they may have altered recently from what they used to be.

Two or three years ago I brought this matter to the attention of the Secretary to the Provincial Board of Health, and he seemed very much exercised about it. The Inspector has gone to the farms and graded the animals, but not the dairies. Now, Mr. McDonald will tell you that there is a gentleman appointed for that purpose—to examine the dairies. Is that correct? Is there any gentleman appointed to inspect dairies?

Mr. McDonald: You mean municipal dairies?

Dr. Underhill: No, outside dairies; I might use the word "farm."

Mr. McDonald: We have got no Inspectors.

Dr. Underhill: You have got no Inspectors? I thought you had one for that particular purpose.

Mr. McDonald: Well, his duties do not take him over this whole thing.

Dr. Underhill: What I mean is that the Veterinary Inspectors should inspect those dairies. Well, it comes to the same thing, that there is no practical dairy inspection of the farms. I may have used the word wrongly there; I was not thinking of city dairies, I was thinking of the source of supply. The fact is, from my point of view, there is no true inspection of these farms, and the classification, taking into consideration the condition of some of the farms, is not equitable. It is not fair to the good man who has an excellent farm that he should be classed with a very indifferent man.

Now, as to the milk in the home: Since the introduction of the bottle there has been comparatively little trouble in keeping the milk good in the home. In the old days, when the milk was carried round in bulk, it frequently happened that the utensils placed for its reception by the householders were anything but clean; consequently the milk would not keep and the dairymen got the blame. To a great extent this has now been done away with, but there is a great deal to be done yet in educating our people as to how to take care of the bottled milk. Well, to speak the truth, I have had some difficulty in my own house, and if you have difficulty there you may expect to find the same conditions prevailing generally. The bottle of milk is brought in from the cooler and a certain quantity taken out of it for immediate use; the bottle is forgotten and is left often in the warm kitchen, and then after a while taken back to the cool receptacle. It is this change of the milk from one temperature to another that is so detrimental. If it was kept at an even temperature there is no doubt that it would keep much better.

With regard to infectious diseases, inquiries are made in every reported case as to the dairy from which the milk is obtained; by this means, should it be shown that the same dairy is supplying milk in several cases, it might be possible to trace the disease back to its source. I would recommend my brother Health Officers also to keep tab on the milk-supply in cases of infectious diseases.

With regard to diseases carried by milk, I believe that impure water had a great deal to do in the past with many of our tuberculosis cases, or typhoid cases particularly, possibly through a drain on the farm leaking into the water-supply which was used for washing out the cans—or possibly for adulterating the milk. Now, however, that the milk is being purchased from the dairies on the butter-fat basis by weight, there is not the same temptation to adulterate it.

Pasteurization I simply look upon as a means to cover up dirt. That is my personal opinion about it. Samples of milk are taken from the dairies at frequent intervals for bacterial examination, and it sometimes happens that the count in a particular sample is especially high. A special inspection of the dairy is at once undertaken on the assumption that the milk may have been contaminated at the dairy. Samples are taken at different points of the machinery and examined for bacteria, and the cause of the trouble may thus be located. This is one of the most important duties of a Health Officer, to find out the point of trouble and see that it is corrected; and this is where the bacterial examination of milk is especially useful.

A question has been asked with regard to milk coming from Washington. Some time ago we were getting about 3,000 gallons a day from that State. Now, I have inspected many of these

dairy-farms personally, and I wish I could say that ours compare favourably with them, but they do not. In addition to that, the milk received from there conformed with all the regulations of this city. The herds were tuberculin-tested by competent men and the certificates were produced to my department, and I wrote to the State Board of Health of Washington and obtained a list of veterinarians who were authorized to apply the test. It does not matter whether the milk comes from Washington or China as long as it is all right. At the present time I don't think there is any milk coming across the border, only a little cream.

All these things have a bearing on economic conditions. You have to be very careful in putting your Acts into force, because if they are enforced too stringently the milk may be diverted to other uses; the farmers may send it away for cheese or butter, and as far as I know there is no inspection made of milk for that purpose. I do think that if you lay down regulations that are too stringent, you have always before you the question of a milk famine, for which we should be to blame.

There are many other little points that I might touch upon, but I think it unwise to prolong this discussion further, and will simply say that I am glad to have been here and to have heard such an excellent paper.

Mr. McDonald: I think I should be allowed a word or two. I might say that to my mind we have in British Columbia provided a more healthful-milk supply than they have in any other Province of Canada. Now, I can say that without any fear of successful contradiction; and I too, perhaps, am somewhat optimistic in my work. If I wasn't optimistic they would have me over in Westminster in the "bug-house" before very long. However, Dr. Underhill may have left the impression quite unintentionally that there is no inspection of dairies to speak of. Now, there is inspection of dairies, and our Inspectors——

The Chairman: Excuse me, may I ask you to confine yourself as closely as possible to answering the matters connected with this paper which Dr. Underhill raised. I think he said, not the dairies, but the farms.

Mr. McDonald: That is what I am referring to.

The Chairman: All right, thank you.

Mr. McDonald: Yes, and the farm dairies, if you wish to put it that way; and I have the grades of these dairies, they are coming in there every day. Dr. Underhill also said that there was no limit to the filthiness of milk in Class C. Now, Class C reads thus: (reading). Class C is a very good milk as milk goes.

The Chairman: I think we have all enjoyed this discussion, and we might prolong it almost indefinitely, and still to profit; but I think that at this stage we will have to ask that any one who wishes to go further into it will bring on a resolution asking Dr. Young to bring it up at the next session of the Medical Health Officers, so that we can get more on this line.

A member: I would like to know if there is any other subject——

The Chairman: In fairness to the other subjects on the programme, I think we must close this discussion. There is lots more to be said, but there are two other papers on the programme, so unless you insist on the resolution I should ask Dr. Price to close the discussion.

Dr. Price: Mr. Chairman, Ladies and Gentlemen,—I was very much flattered by the amount of discussion which my paper has brought forward, and in view of the time taken up in that discussion, all I have to say is to thank you for listening so patiently to the paper, and I think I have derived great benefit from the discussion that has been brought forward. I do not intend to make any further reply, because the time is getting on and we have some excellent papers to follow. (Applause.)

The Chairman: There are two other subjects on our programme this afternoon, both of them of great interest. The first is "Rural Sanitation," by Mr. W. J. E. Biker, District Engineer, Nelson, B.C. The discussion on this paper will be introduced by Mr. A. G. Dalzell, City Engineer.

RURAL SANITATION.

By W. J. E. Biker, A.M.Can.Soc.C.E., District Engineer, Water Rights Branch, Nelson, B.C.

Mr. Chairman, Ladies and Gentlemen,—Public health or the science of living together in large communities with comparative immunity from disease is, when analysed, simply a matter of education. I think you will agree with the statement that it is the chief function of a medical practitioner, and particularly of a Medical Health Officer, to solve problems, and to obtain not only a solution, but the best solution considered from all points of view.

The effectiveness of the Medical Health Officer in the fulfilment of his duties is very largely dependent upon the support given to him from headquarters, but more particularly from members of his own profession in the education of the public to proper policies of sanitary administration. To be a success the doctor holding such a public position must have the collective support and advice of his profession. In other words, I maintain it is "up to you" on every possible occasion to educate the public mind regarding the simple function of living, in order that we may not be a menace to ourselves or those around us. To illustrate: Most people wash their faces to suggest cleanliness, unless they are indifferent or wish to be regarded as abandoned characters. Would it not be possible to introduce precisely the same feeling, that there is want of propriety in not attending to or keeping perfectly sanitary all the domestic offices that are essential to the health of individuals as well as communities?

The need of community co-operation has grown more and more urgent with greater concentration of population, and with the development of conditions in America similar to those which have existed in Europe for between one and two centuries. Such undertakings as water-supply, drainage, sewerage, prevention of pollution of our streams, town-planning, park-developments, and particularly sanitation or hygiene, are all accomplished much better under united or centrally directed effort.

It is no longer right for any unit, be it a community or an individual, to disregard the rights of others. We must not lose sight of the sovereignty of the State or the fundamental requirement that individual communities, as well as persons, must give way to the common good and the ultimate need of the most good to the most people. Many of you may say: "But what has all this to do with a Medical Health Officer?" To illustrate the point, I will digress into personalities for a moment. Some of you may not have given the matter a great deal of thought, but as members of an old-established, honourable profession each one of you exerts an influence in your community which is second to none in that community, and particularly so in matters relating to health. In fact, you have under your control (in a very great measure) the health of the people within your area, and whether the contributory surroundings of the people are sanitary or unsanitary is a matter that is up to you for mitigation. Therefore, I say you are the custodians of a very noble trust, and have the power within your grasp of ruling or guiding the majority. Since all our laws and institutions receive their sanction by the ruling majority, you, gentlemen, in so far as sanitary legislation is concerned, are therefore the motive power of the people.

It is the boast of science that its only quest is truth, and that in its pursuit the inductive method of research is never departed from. The average lay mind has become so accustomed to accepting as truth whatever bears the scientific label, and as valid whatever conclusions are alleged to have been reached by the process of induction, that it is now a comparatively easy matter for any of you to wield this potential asset for the good of the people. In other words, to inculcate in the people the simple study of cause and effect as it might be applied to living.

Upon whom rests the responsibility of the contagious infections or epidemic diseases that quietly take their toll of human life? Who can be blamed for permitting many of the preventable diseases to thrive in this enlightened age? Is it the Governments, the municipal authorities, or the people themselves?

A Province or State may start out with the best intentions in the way of legislative enactments to protect the public health. This is simple, for none but the framers of health laws really know what they signify; hence there arises no antagonism to their enactment. The trouble or cause of these laws not becoming a real factor in any community is, in many cases, the lack of adequate financial appropriation. The average sum available *per capita* per annum for the enforcement of health regulations for cities having a population of 25,000 or more is only about 30 cents. In looking over the estimates of the Province for the ensuing year, one finds an appropriation of $50,708 for public-health administration, or, worked out on a *per capita* basis (on an assumed population of 400,000), a little over 12½ cents per head.

Secondly, the officers in charge of such administration have to go about the country almost apologizing for causing any trouble, and in fear and trembling of the political pull that Jones or Smith (whom they have just reported) may use against them when opportunity offers. I speak this to the shame of all political persuasions, both here and elsewhere, and add, without fear of contradiction, that no efficient public-health administration can be formed unless, in the first place, you can secure men who are capable of acting above personal interest, and, secondly, give them adequate protection and continuity of service to make it worth while.

The *status quo* of the sanitary problem in this Province to-day can fittingly be compared to that of England prior to her acquiring a dense population. The laws governing the public health were and still are good, and gave to the officials all the power necessary, with what result? Sewage-disposal, the unrestricted pollution of the rivers and streams, increasing death-rate, and other factors took such a toll of the best lives in their midst that finally arrested the attention of Parliament to the issue, resulting in the appointing of a Royal Commission to deal with the question of sanitary legislation. This Commission has been in existence for seventeen years, and the expense and results of the findings of this tribunal have cost England millions of pounds sterling. Now comes the point to be made, and surely we are able to draw something from their experience. We are still in the initial stages of development, and I take this opportunity of going on record, in September, 1917, to the effect that we in this room have it within our power to save British Columbia and its future administrations from the condition that Great Britain found herself in when she appointed her Royal Commission for the protection of public health. Over there, through bitter experience, they have learned that sanitation almost amounts to a religion, and even at this time, when we are fighting for our very existence, they are debating the advisability of creating a new portfolio to be named the Ministry of Health.

I do not propose to detain you with figures, but give to you a problem to work out for yourselves. How many of us have conceived the value of a human life in actual dollars and cents, the producing and earning power of that life to the State, to the community, and to the home that has cradled it? Taking as an index to our attitude towards the various administrations of the people the actual cash set apart for those administrations, we find that more value is placed on a stick of timber than on a human life. For forest-protection we spend on an average $1.25 *per capita* per annum, as compared with about 12½ cents *per capita* for the preservation of human life.

These opening remarks may have the appearance of being very dogmatic, but my justification for the thoughts just given is drawn from twenty years' experience in sanitary engineering, and for fifteen of those years it was my duty to administer and be daily in touch with problems regarding the public health.

The Honourable the Minister and Dr. Young have, no doubt, placed in your hands the new Sanitary Regulations, which, coupled with the "Health Act," completely cover your sphere of operations. The appropriation of $50,708 is unquestionably inadequate to obtain results, except in a small degree, particularly so in view of all the problems with which this Department has to cope. However that may be, I want to make an appeal to you on behalf of the people of this Province, that the laws you have to administer and the problems under your control are questions apart from the remuneration you may receive. Therefore it will be observed that the one thing needed is a policy which has for its object a common ground on which we can all work for the same ends—viz., the public health.

So much for general statements. I now desire to cover a few practical points on rural sanitation, the betterment of which enlists at all times my sympathy. My work of the last six years as District Engineer in the Lands Department has been spent in the East and West Kootenay Districts, and has necessitated at intervals stays in mining, logging, and construction camps. While every courtesy and hospitality has been shown me, the sanitary condition of those camps to me is a thing quite apart. There are no figures to prove or disprove the statement that I believe between 30 and 40 per cent. of the population in the Kootenay District live under camp conditions. No doubt many of you remember having a hurried call to some of those camps and, being unable to get back, stayed the night under usually very respectable conditions. Why? Being the doctor and a visitor, the foreman or superintendent gave up his room or his bed for you. But drift into one of these camps as an ordinary individual, when the space for visitors is limited, and what do you find? A low bunk-house with no ventilation, down each side of the room a row of double-deck bunks made of boards covered with hay that has probably never been changed since the place was built, blankets that in places are stiff with body-perspiration, finally being compelled to double up with a man who has worked and slept in his underwear for weeks without change, and perhaps not had a bath since he was last in town. I have seen in a log shack 24 x 26 x 6 feet high at the walls as many as thirty-two to thirty-six men sleeping. Imagine how refreshed you feel each morning on rising. (Have any of you associated our increasing death-rate from tuberculosis with the overcrowded conditions of camps?) Anyway, you live through it, and with the strength you have left you struggle off to

the cook-house. If in summer, you find it impossible to enjoy the food because of the millions of flies. You may want a drink of water. It is kept in an open galvanized pail near the door, with a tin dipper hung just above. Under average conditions the privy is placed near the cook and bunk houses, quite close in, usually of the open type, and flies simply have a great time chasing each other from here to the cook-house.

What do you find regarding the disposal of offal, kitchen waste, slops, etc.? You find that the cook is true to type, designed on the lines of least resistance, and finding room for this material not an inch farther than he can throw it from the kitchen door-step, or it may by chance arrive in a pigsty adjoining the kitchen, and it may not. Section 66 of the "Health Act" sets forth that the Health Officer shall in every year in April or May inspect the sanitary condition of these camps, also the water-supply.

The above is a very serious state of affairs, true as it is, with only a few exceptions, and the following suggestions are given for your consideration:—

(1.) The cook is the chief regular offender in camp. Why not have him registered and make him, under penalty of dismissal, responsible for the sanitary condition of the camp? A printed set of regulations could be got up to cover all the essential points.

(2.) Log cabins should not be built to house more than from ten to twelve men, and should be provided with iron camp-beds with spring mattresses.

(3.) All habitable buildings to be whitewashed at least once in every year.

(4.) Fly-screens for all windows and doors in cook and bunk houses.

(5.) Waste, offal, empty cans, slops, and all debris to be removed daily (and kept until removal in a covered receptacle), to be finally disposed of by burning.

(6.) Stables or privy to be at least 100 yards distant from the camp.

(7.) Bath-room or shower an essential.

(8.) Good water-supply, and where possible piped into the buildings.

(9.) Earth-closet to be of approved design to exclude flies.

Camps for this purpose may be divided into two classes, permanent and temporary, distinguishing permanent camps as those having been built over twelve months.

Many other points may suggest themselves to you, but in starting a progressive movement which attacks established custom, it is first necessary to convince the interested parties that you seek their co-operation and help. On the other hand, some one may be tempted to say: "Why not enforce the law?" On this point, as in the majority of cases in health matters, the actual letter of the law is for our guidance, to be used with great discretion and enforced only as a last resource. It is often worth while spending a whole day with some men in convincing them that you are working in their interests, because, once convinced, you have a booster for your cause.

In support of the better-camp movement, it is only necessary to state that it has made possible the Panama Canal, and at this moment in France and on the Allied fronts it is preserving daily more lives than the guns of the enemy are destroying.

POLLUTION OF STREAMS.

There is an old saying that "constant dropping wears away a stone"; likewise, the constant pollution of our streams destroys their usefulness. It is a significant condition to observe that the three most scientifically advanced nations in the world, England, France, and Germany (by the standard of present knowledge), allowed the incipient pollution of their streams to overtake them, until it finally became so intolerable that vigorous campaigns costing millions of dollars were instituted to mitigate the evil. England seems to have suffered most in this regard, presumably by virtue of her possessing more inhabitants to the square mile.

With the exception of a few small streams, we are in a very favourable position in this Province (providing we realize our present opportunities) for keeping the streams free from serious pollution. If we are to preserve the amenities of our streams, a very careful and systematic scheme will have to be evolved, enlisting the aid of the greater part of the population.

The Royal Commission of Great Britain has had this problem under consideration for a great number of years, and its conclusion, as set forth in the 1912 report, is as follows:—

"We are satisfied that rivers generally, those traversing agricultural as well as those draining manufacturing or urban areas, are necessarily exposed to other pollutions besides

sewage, and it appears to us, therefore, that any authority taking water from such rivers for the purpose of water-supply must be held to be aware of the risks to which the water is exposed, and that it should be regarded as part of the duty of that authority, systematically and thoroughly, to purify the water before distributing it to their customers.

"Apart from the question of drinking-waters, we find no evidence to show that the mere presence of organisms of a noxious character in a river constitutes a danger to public health or destroys the amenities of the river. Generally speaking, therefore, we do not consider that in the present state of knowledge we should be justified in recommending that it must be the duty of a local authority to treat its sewage so that it should be bacteriologically pure."

It must be conceded that the conclusion of the Commission is sound in principle, since under average prevailing conditions water-purification rather than sewage-purification affords a better safeguard of the public health in the state of present knowledge. It also has financial considerations, since water-purification is not only more reliable, but is also cheaper under the average conditions.

It is necessary to consider the future as well as the present regarding stream-pollution, for since it is a question of degree there is a limit to the permissible dilution of sewage. It is perfectly obvious that as civilization advances and the population of the Province increases there can be no longer any streams of original purity. On the other hand, if the system of discharging crude sewage into our streams, without realizing the "limits" of such a system, the Board will have to face a condition which has cost Great Britain millions of pounds sterling.

The writer was very much interested in this whole problem in England, and it has been with increased interest that he has noticed a gradual change of opinion by all the leading experts in their attitude towards the dilution method. In this regard, it is only necessary to quote Dr. A. C. Houston, Chief Water Examiner of the Metropolitan Water Board of London, and Dr. T. M. Drown in his special report of the Massachusetts State Board of Health, wherein is stated in reference to sewage-polluted waters: "It would be necessary to drink half a gallon at once of the waters under test in order to get as much nitrogen and carbon as is contained in a single medicinal dose of strychnine, which is acknowledged to be one of the most energetic of recognized poisons." At the same time, both the above authorities are advocates of "clean rivers," but have brought themselves through their research-work to look more favourably upon the dilution method of disposal, and *to take advantage in point of economy* of the many intermediate procedures of this system. To apply the above reasoning to British Columbia resolves the problem into what is the actual safe "degree of dilution."

The Chicago drainage-canal, constructed under and with the approval of the Illinois State Board of Health, was established on the legal limit of 3⅓ cubic feet of river-water per second to dilute the sewage of each 1,000 persons connected with the sewers. This limit has been criticized and was probably too low for the crude sewage of a city which has such a large proportion of manufacturing wastes in its sewage-flow as is the case of Chicago. For a city without such wastes it might be termed a fair limit. Generally speaking, without prior treatment a dilution of 4 cubic feet per second per 1,000 persons is a reasonably close figure for crude sewage, although undoubtedly there are many local factors which have a bearing on the complete dilution and may be said to establish a range as wide as from 3 to 7 C.F.S.

Such simple pre-treatment devices as "screens" and "sedimentation-tanks" in certain cases (other conditions being equal) may reduce the standard to 2.5 C.F.S. per 1,000 persons. One very large factor in reducing the standard, in so far as the majority of our large streams are concerned, is: "Owing to the rivers having their feeders come from high altitudes, many of which are glacial-fed, the water is the year round very cold, therefore strikingly unfavourable to all biological activities of bacteria, worms, and other organisms which operate to decompose, digest, or oxidize the organic and mineral matters in sewage."

Fish Requirements.

Data are somewhat meagre as to the amount of dissolved atmospheric oxygen which is required in streams to protect major fish-life. In the lower Elbe near Hamburg it is stated that a margin of dissolved oxygen during the ordinary summer periods falls as low as 20 per cent., and the figure in the lower Thames is understood to be about 30 per cent.

Future Requirements.

While a firm believer in the dilution method of sewage-disposal within controlled limits as roughly outlined above, it is the part of wisdom to only approve such designs for sewer systems, so that if filtration, screening, or other pre-treatments are not needed at the outset, they can be adopted as conveniently as possible in later years, without involving pumping-stations or the abandonment at too great sacrifice in works already undertaken. In the initial stages of the development of the Province this feature should have full consideration. The writer has been in touch with many cases in England where, through the recasting of the regulations by the Royal Commission, authorities or municipalities had to face problems which involved the loss of present works, or resort to expensive pumping in order to obtain the fall necessary to install additional treatment-works for securing an effluent equal to the new standard set by the Commission. Therefore, from what has been said, it will be seen that the consensus of expert opinion based on present knowledge has aimed at the conclusion, "*That it is proposed now to take full reasonable advantage of dilution*" and to safeguard the future by so arranging the works that a more complete treatment and higher standard of effluent may be secured when and as required.

It must not be understood from the preceding remarks that sewage is the only contributory factor in the pollution of our streams. I venture to tell you that in 99 per cent. of our pre-emptions that have streams running through them the farmer has erected his buildings to include the stream in his barnyard, and in scores of cases under my observation the pigsty, corrals, and manure-piles are actually on the creek. The farmer is not to blame for this state of affairs. As usual, you find him built on the lines of least resistance, inasmuch as his stock can secure all the water they require with little attention. You have in sections 42, 43, 44, and 47 of the new Sanitary Regulations all the authority you need in handling these cases.

Have you also thought of manufacturers' trade refuse, sawmills, lead, zinc, and copper mines or refineries, all of which come under this head and require attention? It will take a number of years to round out each district, because it will be necessary to quietly accumulate data or sanitary survey of the streams, in order to be able to deal with existing pollutions, and when this is accomplished it will only be a matter of keeping in touch with proposed developments.

The Board in the near future will have to set up a standard of effluent from sewage-works, which they will allow to be discharged into the streams, and at the same time provide means of inspection to see that such standards are lived up to. In this connection I would suggest closer co-operation between the officials of other departments and the Health Department. For instance, there are Engineers in the Public Works and Water Rights Branches, Fire and Game Wardens, Pre-emption Inspectors, Assessors, policemen, etc., all of whom are travelling round the country, who could easily report on stream-pollution, providing they are circularized as to what to look out for and given a simple standard post-card report form to fill out.

Disposal of Liquid and Solid Domestic Refuse in Rural Areas.

I know of no other phase of rural sanitation that directly affects the health of the population more than the one just named, nor one that is capable of creating more dissatisfaction if badly administered. It is a subject on which great difference of opinion exists, even amongst those who are supposed to know. Therefore, a few suggestions on which a future meeting could be called may not be out of place.

The new regulations, sections 59 to 63, will serve as a guide only to your actions in this matter, and I earnestly desire to prevail upon you to "go slow" until the time arrives that each one of you perfectly understands the policy of the Department. I very much doubt my ability to focus the true position on this subject, and therefore ask your indulgence if the salient features are not made quite clear. The majority of experts in sanitation have accepted the following as a guide:—

(1.) In towns and populous places, where sewers and public water service are available, the use of dry closets of any kind is inadvisable, on grounds of both health and economy.

(2.) In sparsely populated rural localities, where sewers and public water service do not exist, the use of dry closets of improved kind (preferably those in which dry

earth is used) is generally to be preferred to that of water-closets, especially for the smaller houses. In such places the closet can be placed at a sufficient distance from the house not to cause a nuisance if neglected, and the contents can be disposed of on the land.

(3.) The intermediate case of a rural parish or urban district containing a closely built village, or built-up areas adjoining cities but not under city administration, with the balance of the district partly agricultural or mountainous, is often difficult to deal with in the absence of sewers or water-supply, as many houses may have little or no space for the proper placing of a closet or septic tank and the disposal of their contents, although the *majority of houses* may have sufficient space for these purposes. In the circumstances, there is usually strong local opposition to the provision of water-supply, sewers, or public scavenging, since I believe, in the present state of the law, the cost of such works has to be spread or levied over the whole contributory district and paid for by ratepayers who receive no direct benefit from them.

It would assuredly help the rural sanitary problem if it were possible to assess portions of a district *pro rata* according to benefits received.

The introduction of a public water service in a village without sewers undoubtedly aggravates sewage nuisances by increasing the volume of waste water. Also, the connecting of house-drains, especially if conveying water-closet contents, to highway drains not constructed or suited for conveying sewage is a source of nuisance and pollution of streams. The Board seem to have pinned their faith to the septic tank with surface or subsoil irrigation, and there is little doubt of this procedure making good in the majority of cases. But, at the same time, I doubt the expediency of such a method with a well on the same lot or even on adjoining lots. Again, this method would fall down completely on a clay soil and ultimately become a great nuisance. Therefore, enough has been said to show that the best regulations it is possible to frame have little or no finality in them, and, if enforced, would work a hardship on some one. It would almost seem that each case is a law unto itself, calling for the resolving of a few practical points, and even with the greatest scope given you, cases will arise that will be beyond satisfactory economical solution.

While on the subject of methods in dealing with human excrement and waste, I cannot impress upon you too strongly: "That whatever system is evolved, you cannot allow excreta or stable manure to be exposed to the atmosphere in the vicinity of dwellings, because of the breeding of flies." The ordinary house-fly is one of the most active agents known to modern sanitary science as a conveyer of the germs of disease. Many of you will no doubt recall and have personally watched how the rising curve of the summer death-rate follows the curves of flies and heat. Case after case under your own observation has proved the relationship of the fly to the toll from this seasonal prevalence of intestinal diseases, typhoid, dysentery, and the fatal summer diarrhœas of infancy. But I find myself travelling on thin ice, since this is more in your sphere of work. However, notwithstanding, we have an urgent need of stimulating and strengthening at home our machinery for the conservation of the public health, and especially is this true at this time of those activities concerned with the protection of infant and child life. In this regard, I recommend for your perusal the *Delineator* for September, in which appears a cleverly inspired article entitled "Save the Seventh Baby, or How the Fly Kills Him," by C. E. Terry, M.D. A "swat-the-fly" campaign inadequately serves the purpose and has no bearing on the root cause of the evil. Let us eliminate exposed excreta and manure-piles, which are the breeding-grounds of flies, and you have in that one action eliminated 95 per cent. of the fly problem. Statistics in the United States go to show that between 60 and 70 per cent. of infantile mortality can be directly attributed to the fly in his capacity of germ-carrier; also, the birth-rate of the different warring nations is estimated to be from 30 to 50 per cent. of normal times.

I respectfully suggest that we make an attempt to enlist the sympathy and help of all the women's organizations in British Columbia. To this as well as other phases of preventive medicine, for once you have the ladies convinced, I know of no other factor in our social or economic life that is half so powerful.

HOUSE PLUMBING.

All cities of any importance in the Province have plumbing by-laws, but how many take the trouble to see that they are effectively carried out, and why? Because it costs money to have this done. In consequence, the only safeguard against sewer-gas being admitted into dwellings is at the mercy of the plumber, who usually secures his work on competitive bids, and who is usually more interested in the few dollars he can make (often at the expense of the work) than in the matter of the public health. You will certainly do a good thing by urging the cities in your areas to have all plumber's work inspected and made to pass a water-pressure test. Cases have come to my attention where soil-pipes (which, under the present system of house plumbing, ventilate the sewers) finish through the roof below the upper-story windows. Also, the joints in same above the water-line are usually carelessly made. Again, what protection is there in this system against the housewife cleaning out the toilet and wash-basin traps and leaving them unsealed, in complete ignorance that by so doing sewer-gas is admitted to the dwelling? Or take, for instance, houses that are empty, or even temporarily empty for about three months, during a hot, dry spell such as the one we have lately experienced, and you will find the water in all the traps to sinks, wash-basins, and toilets evaporated below the sealing-point, thereby ventilating the sewers into a closed house, all the furniture and hangings, in many cases, becoming simply saturated with sewer-gas.

There is no doubt in my mind that the single-trap system, as is the practice in British Columbia, is not the best one to adopt. It may be the least expensive, but surely this is not all. In its place I suggest the double-trap system, or what is termed the intercepting trap, with manhole. This has been statutory law in England for many years, and has to its credit not only the prevention of sewer-gas to dwellings, but it also gives access by inspection to the drains, enabling the location of stoppages and the clearing of same by rodding.

The time has arrived in certain towns in the Province when, in letting or selling a house, a Sanitary Inspector's certificate as to its habitable and sanitary condition should be just as much an essential as the clear title.

Gentlemen, I am afraid that this paper is getting too long, and it has not been possible to touch on the subjects of water-supply, contamination of wells, scavenging, dust-removal, public bathing-pools, recreation-grounds, building by-laws, etc., all of which fill an important place in the chain of a sanitary regime. However, it is impossible to recount here all the detailed functions of sanitary reform. Suffice it to say at this time: "We have gained accurate knowledge of the nature of many diseases and the modes in which they are spread—a knowledge based on observation and statistical research. It remains then for those who have that knowledge to awaken and educate the public opinion to the importance of hygienic requirements. The State has realized its responsibilities and we have a sound body of sanitary legislation, not perfect indeed, but comprehensive and workable; we have central and local boards responsible for the due carrying-out of the law, and in every district in the Province we have a qualified Medical Officer of Health charged with the sanitary welfare of his community. In short, the Province has taken medicine into its service, and availed itself in a small measure of expert advice on sanitary engineering."

Finally, to summarize, we want co-operation and a higher standard of efficiency in the administration of public-health laws:—

First: In improved camp conditions.

Second: Prevention of pollution of our streams.

Third: Better disposal of our liquid and solid domestic refuse in rural areas.

Fourth: Regulations to dispose of the fly problem.

Fifth: Enforcement of the laws in regard to securing better house plumbing.

Sixth: The people of this Province are looking to you to guide them, and your responsibility cannot be side-tracked.

Seventh: I look forward to the time in the very near future when the Province will be divided into administrative public-health districts, with a full time Medical Health Officer in charge, who will act under and be responsible to the central board in Victoria.

I realize that I may have aroused in some of you resentment, inasmuch as the suggestions contained in this paper call for guidance in duties of an engineering character. As stated at

the beginning, this guidance should be forthcoming from headquarters, and I have no doubt it will be if you send along your troubles. I also have to suggest that every Medical Health Officer in the Province be provided with a copy of Dr. Poore's book on "Rural Hygiene," which is one of the best books I have perused on this subject.

I now leave you with a plea to make the year 1918 and successive years banner years in the reduction of our death-rate, which can be realized only by steady, painstaking effort. Personally, you have my sympathy, and again repeat: "It is up to you."

Discussion on Mr. Biker's Paper.

The Chairman: The discussion will be opened by Mr. Dalzell, City Engineer.

Mr. Dalzell: Mr. Chairman, Ladies and Gentlemen,—I presume that the hour is so late that the discussion will be very limited, so I will try to be very brief. I congratulate the reader of the paper on the excellent way in which he has presented this subject. There are a great number of civil engineers in the Province—or were. I might say that I understand that a third of them are on active service; but the civil engineers who practise in this Province have not, many of them, been trained or had much experience in sanitary work, and of those whose training has been in the older countries, it seems to me remarkable that so little advantage has been taken of experience of that kind in the older countries, and that you are beginning here where England and Scotland began years and years ago in many of your regulations. For instance, the Bell trap has been absolutely prohibited in the Old Country for years. It is a commercial output here and in common use. Dwellings in basements are prohibited, and where they exist in the Old Country they are regulated; but here in your new apartment-houses you make the regulation that there shall be no suites in the basement except the janitor's. Why the poor janitor should be put into the basement, when he surely requires greater protection than any other person in the building from the dust and from the chance of getting tuberculosis—but there are in this city modern apartment-houses which in that respect, in the accommodation for the janitors and in certain sanitation in the basements, would not be tolerated in any ordinary town in the older countries, and a great deal I think must be done, as the reader of the paper has said. We have to depend upon you as Medical Officers, and the medical profession especially, to do the educational work. As I said, the engineers who are responsible for a great deal of work that is carried out have not, many of them, been trained in sanitary work, and they are not heard or attended to as a medical would be. Take one instance, in one ward in this city: A fourth of that area is a muskeg swamp. Now, it is absolutely impossible that that ground will ever be fit for human dwellings to be put on, as we regard it in modern sanitation, but yet is has been permitted, and I can only imagine that this was because the surveyor who surveyed that ground in the first place had no idea of the sanitary significance of land of that description. But I do think this: I am optimistic in this respect, that I believe Canada is going to see in a very few years a tremendous influx of population, and that it is up to us, and up to the medical profession especially, to so try to provide legislation that some of the mistakes that have been made in this city in the last ten years shall not be repeated. If, for instance, we find in a city like this dwellings situated in a place which is unfit for human residences, why should we allow another city to take up the same land? And yet I take it that is what has happened at Prince Rupert. I am told that half the area of Prince Rupert is muskeg, and I don't think that any ground of that description is fit ground for human dwellings to be erected on. I could give reasons for it, because I have had a little experience in this city in that respect; but it is these points that we want the medical men to impress, to prepare for the next influx of population into this Province, which I feel is sure to come very soon, and it will come very rapidly. We want to avoid the mistakes which the older countries have made, and try to so learn, so prepare, that it won't cost us thousands or possibly millions of dollars to remedy the mistakes which, by taking the observation and experience of other countries, we might avoid.

I congratulate the writer on his paper and am glad that he is a member of the Provincial staff. I am sure, if we have more men of that description, many of these mistakes that I deplore, and that I think will be costly in the future, will be avoided. I thank you. (Applause.)

(At this point Dr. Wrinch occupied the chair.)

The Chairman: Ladies and Gentlemen,—Even at this late hour I want your indulgence while I call your attention to some points in the paper. I might say that while the writer of the previous paper was complimented on having an optimistic view-point, I would hardly be able

to compliment the writer of the present paper on having an optimistic view-point: but I am not one who has much experience in relation to mining camps; in fact, I never knew anything about mining, except what I saw in the papers, until I came to the Province some years ago, but since coming to the Province, in the northern part a mining district has been opened up. I don't know whether I heard the right definition of a mine the other day, but it was rather precise and pointed—a hole in the ground and a liar on top. Of course, I wouldn't say that all of our mines are of that nature. I want to say that while the mines in the Kootenay and Boundary Districts may be such as the writer of the paper describes, the only two mines that I know of that are mining—beginning to operate in any kind of permanent form—the camps are not in the shape he has described. I would not like it to go forth from this meeting that our mines are all of that description, or the camps are all of that description that have been stated here. I have in mind one mine that I went to visit. There they were supplied with bunk-rooms which were furnished with single-beds, iron frames; the bunk-houses have shower-baths and hot and cold water, and I have seen the miners come right from the work and go to the bath-houses, take their shower and go back to their room; and it is most convenient and appropriate. They have ventilation in the rooms in the mines—these two mines—and the camps and bunk-houses are ventilated, and certain of them are fumigated; water is piped into their building. The closet—at least, one of them—is made of a large box receptacle for a number of houses. At certain times, frequently, that box is hauled out and burned and a new one put in its place. That is only just another view-point, another feature which I would like to show, if there is any question about it, that there is that kind besides the other one.

(Dr. Underhill then took the chair.)

The Chairman: Any further discussion on this paper? I will call on Mr. Biker to reply.

Mr. Biker: It is so late, and I feel that we have had a rather long session this afternoon, so that I don't want to discuss any point at length. I did not intend to put forward that I condemned all the mining camps. That was far from my view-point. The point I tried to put forth was to have better camping-ground and better conditions for living in our camps than we have in the majority of cases. Thank you very much.

The Chairman: The next paper is "Vital Statistics," by Mr. Miller, Deputy Registrar of Births, Deaths, and Marriages, Victoria, B.C.

VITAL STATISTICS.

By MUNROE MILLER, DEPUTY REGISTRAR OF BIRTHS, DEATHS, AND MARRIAGES, BRITISH COLUMBIA.

Mr. Chairman,—A few days since I was directed by the Secretary of the Board of Health, H. E. Young, Esq., M.D., to prepare a paper or report on the "Vital Statistics of British Columbia," to be read on this occasion before the Medical Health Officers of our Province.

Not being a professional man, simply one of the staff in a department in which all members of the medical profession should take a deep interest, allow me to make the assertion that the direction "to prepare" has been obeyed; yet, let it be granted that when it comes to my turn to "read," and I find myself surrounded by the very foremost men and women of our commonwealth (actual participants in and contributors to the success of the meeting), a still small voice admonishes me, "You are in the company of distinguished strangers." Immediately self-reliance vanishes, and the position of that great factor of success, when fortified by a familiarity with the subject, is succeeded by one of extreme diffidence.

The task assigned me being statistical may, to many, prove dull and anything but entertaining, particularly at this stage of our proceedings when many are tired, yet, when presented almost as a critique by one who is not given to speaking "smooth things," it may be possible to so arouse the combativeness of hearers as to secure at least trifling attention.

The Vital Statistics Department of British Columbia has control of returns and registrations of all births, deaths, and marriages happening within our Province. The figures to be presented cover the first six months of the year 1917, and will be dealt with in order of births, deaths, and marriages.

The returns of births come under two separate headings, delayed and current, which by our system of indexing is made perfectly plain. For the purpose of showing how necessary and

important a thing it is to have prompt registration, figures for each year, from 1913 to June, 1917, will be cited:—

1913, registrations	11,088,	of which	9,199	were current.
1914, "	10,418,	"	8,754	"
1915, "	10,516,	"	8,558	"
1916, "	9,839,	"	7,475	"
1917, "	4,798,	"	3,889	"
Total	46,659,	"	37,875	"

A difference in four years and a half between delayed and current of 8,784.

Permit me here to make an explanation, and at the same time lodge a complaint against members of the medical profession—under our Act the parent shall within sixty days register the birth of a child. Many are perfectly ignorant of the law and have the idea that registration is effected by the doctor, and so suffer the matter to go by default.

By section 15 of the Act the doctor is required to notify the District Registrar of the district in which the event took place of the birth of a child to John Brown and (maiden name of mother) Susan Smith. This, however, is *not* registration.

Here is the ground of complaint: The doctors *do not make the reports* and the Department is in perfect ignorance of many births that may have taken place.

Now, to show the bearing: Every ninety days the notices of births received are compared with the registrations effected, checked, and delinquent parents are, by mail, provided with a blank form, and requested to register the birth and save themselves the penalties provided by the Act. This plan is followed by all Registrars in the Province.

Allowances must be made for people who leave the country, etc., and who cannot be located. Let us allow 5 per cent.; 8,784 who are not registered, less 5 per cent., leaves 8,345. Let us be liberal; at least 8,000 of the births have never been reported by the doctors, and of which events the Department had no knowledge whatever—a very palpable offence, or clear case of absent-mindedness, neither of which can be condoned. To show, in order to explain: Where we have had notice from physicians, and where the people have moved away, by mailing notices and forms we have had registrations effected from all portions of the United Kingdom, France, various Provinces of the Dominion, and nearly all the leading cities of the United States. Had notices never been given, registration would have been lost.

Registration of births may be by some considered a matter of trifling importance, but any sudden or violent activity in the real-estate market or winding-up of estates, such as we have lately passed through, where validity of titles were affected by lack of registration, has had an awakening effect; but when we add to that the demand for certificates of registration occasioned by the present war, in order that women and children may be enabled to establish their identity before being able to secure their allowances, then the result is, truly, brought forcibly home.

The Department must have the co-operation of the physicians. They must give notice of every birth, whether premature, still-born, or congenitally deformed so as to prevent living, and the Department must be held responsible for the registration of births by enforcing the provisions of the Act against all offenders.

As nearly as possible, following are returns of births for the different localities specified for the first six months of the year:—

Victoria	514
Nanaimo	258
New Westminster	469
Alberni	151
Beaton to Nelson	237
New Denver to Wilmer	192
Ashcroft	76
Fairview	399
Vancouver City	1,124
South Vancouver	237
North Vancouver City	58
North Vancouver District	18

Point Grey	47
Richmond	71
West Vancouver	3
Unorganized	35
Total	3,889

The total includes premature and still-born.

Re Death Returns.—Total number of deaths, 2,088, including still-births. Of this number, including still-births, under one year were 383, being 9.84 of all births and 98.48 per 1,000 of births. Deaths, up to five years, including still-births, 485, being 23.22 of all deaths and 232.27 per 1,000 of deaths. Almost one-quarter of all deaths are under five years of age.

A pertinent question is, What makes the rate so high? We enjoy, almost, immunity from diseases of the digestive system peculiar to children, there being only eleven deaths reported from summer complaints. The answer can be found in deaths of children under one year of age under the following headings:—

Congenital malformations	33
Congenital debility, icterus, and sclerema	22
Premature	49
Still-born	84
Total	188

Nine per cent. of all deaths and 38.85 per cent. of all classed under infantile mortality.

The three principal divisions, Vancouver, Victoria, and New Westminster, are responsible for:—

75 out of 84 still-births.
196 " 299 under one year.
271 " 383

The figures show that 70.75 of deaths under one year occur in the congested centres. Why should it be so? The Health Boards are untiring in their efforts to better sanitary conditions and put forth every effort to make life worth living; but there is a subtle something abroad which thwarts their efforts. Plainly, is the pace at which we travel in cities so fast that the virility of parents becomes undermined to such an extent that they are rendered physically unfit to become fathers and mothers, or has a natural life been abandoned for a scientific one, thus making a class the legend on whose banner *does not* read "Be ye fruitful, multiply, and replenish the earth"?

Is the time ripe for changing our school curriculum? Shall we teach the coming generation, as far as we are able, what life is, and that nature not only provides, but inflicts a penalty on all who violate physical laws? Or shall we make it a law of the land that all persons shall, by examination, prove their fitness to enter into the holy bonds of matrimony? Perhaps too much time has been given to this particular line of vital statistics, but all foundations must be well and truly laid.

By way of finale *re* infant mortality, allow me to interpolate; in round numbers, registered and unregistered, we have lost 500 children under five years during the first six months of the year.

Let us be sordid enough to view this matter from a financial angle, for, after all, it does seem that he makes the best argument who can show that his plan will result in a handsome credit balance. Let us consider the children a source of natural wealth. It is asserted that every child born represents a value to the State of $1,000. At the rate we are moving our annual loss in this one source of natural wealth is close upon $1,000,000.

Why not give the whole matter a business turn and endeavour to save one-half the loss by providing funds with which to secure proper supervision and institutions for treatment of children? I do not mean to deprive parents of their little ones, but to provide inspection, etc. A little further—save one-quarter of what is now a complete loss, and we have an annual gain of $250,000 in one source of natural wealth.

I have been impelled to these remarks by reading the estimates of revenue and expenditure of our Province for the year ending June 30th, 1918. Therein I find every source of natural

wealth carefully guarded by officials provided by the Government. Even wild game is capitalized at $700,000—that amount at 6 per cent. will yield $42,000 per annum; and the Game Wardens' Department costs $41,300 to maintain, the chief end and aim of the whole branch being to gratify man's lust for the destruction of helpless creatures, so that he may be amused, gratified, and provided exercise.

If there be any analogy between preservation of wild game and the conservation of infant-life, why should we not ask for the sum of $15,000 per annum from the Government for the purpose pointed out? The subject is worthy of more elaboration than time and this occasion will permit at my hands, but the hope is indulged that members of the medical profession will deem it worthy of consideration. Here is a fulcrum—provide the lever. In the end, if successful, untold numbers will rise up and call you blessed.

If our fair Province is to remain for ever the personification of "Sleepy Hollow," perhaps we should be content and still hug the delusion that "whatever is, is right"; but the world is moving, other countries are making gigantic strides for the betterment of child-life, and we must keep abreast, or expect reproach.

I have here a tabulated statement which shows the number of deaths in each division as well as the age (approximately) at death, together with the percentages of all deaths belonging to each particular age. Should any one feel interested the document is at hand for inspection.

In the beginning of this paper the co-operation of physicians was asked. It seems to me that no better place could be chosen than this to bring home my reasons. In returns of deaths the following immediate causes have been assigned:—

Hæmorrhage of Lungs.—Man was shot. A case of homicide.

Hæmorrhage and Shock.—Man's skull and legs fractured by rolling log in lumber camp.

Paralysis of Respiratory Organs and Heart-failure.—The cause was undoubtedly quite sufficient, but under what heading shall it be classed?

Fracture of Base of Skull.—How did it happen?

Bronchitis.—Respiratory failure. One, actually, *want of breath.*

Convulsions of Infants.—Twenty-four deaths. Cause of convulsions not explained. In one case return reads "Convulsions following measles." Under diseases of the respiratory system ninety-five deaths were returned, of which seventy-eight were reported under various forms of pneumonia without specifying what induced immediate cause of death.

Induced Abortion.—It is not explained whether it was the last resort of the physician to save the patient's life, or whether the patient was endeavouring to save her reputation, and as a last expedient called in the physician to save her life. Immediate cause should be explicit and nothing left to conjecture.

In short, not to particularize, the immediate causes of death assigned are, in many cases, made in such a careless manner that a compiler of tabulated statements is frequently compelled to throw up his hands in despair. Let us pass on.

Deaths from Cancer (All Forms).—This disease is on the increase. One can hardly say rapidly, yet so surely as to merit serious consideration. For instance, for the first six months of the year we have had 132 deaths resulting from cancer, seventy-five males and fifty-seven females. On looking back it is found that deaths from cancer stand in this light: 1914, 195; 1915, 221; 1916, 259; 1917 (first six months), 132, being 6.32 of all deaths, and rate of 0.34 per 1,000 population.

Tuberculosis.—In considering this disease, it may be well to consider it for a series of years, showing deaths and population for each year from 1906.

	Estimated Population 1,000 in Even Numbers.	Deaths from Tuberculosis.
1906	283,000	178
1907	304,000	243
1908	325,000	180
1909	346,000	137
1910	367,000	172
1911	392,000	316
1912	432,000	368

	Estimated Population 1,000 in Even Numbers.	Deaths from Tuberculosis.
1913	492,000	422
1914	495,000	403
1915	395,000	425
1916	383,000	367
1917	383,000 (6 months)	220

For comparison: The year 1911 has a nearer estimated population (392,000) to 1917 (383,000) than any other; still, the population of 1911 was greater than 1917 by 9,000, yet we will use the figures as they are. In 1911 there were 316 deaths from tuberculosis, or 0.80 per 1,000. For the first six months of 1917 (population estimated at 383,000) there were 220 deaths, or a rate per 1,000 of 0.57. If we for a moment compare 0.80 for twelve months (1911) and 0.57 for the first six months of 1917, the increase stands out prominently.

Now for detail; for the first six months of the year. Tuberculosis pays no respect to age, and its victims may be found from the cradle to those who have exceeded the allotted span. To illustrate: Our present returns show 6 under 1 year; 8, 1 to 2 years; 7, 2 to 5 years; 21 infantile, or 9.50 per cent. of all deaths from tuberculosis. The remainder—199—comprise all ages from 5 to 79, plus 1, age not given; 90.45 per cent. of deaths from tuberculosis, and taken as a whole—220—show 10.53 per cent. of all deaths. Further: 23.63 per cent. of deaths from tuberculosis occurred among Orientals.

It is found that the nativity of decedents total up as follows: British Columbia, 35; Orientals, 52; Italians, 6; U.S.A., 6; Germany and Austria, 5; other Provinces of the Dominion, 37; Norway and Sweden, 7; Great Britain, 42; various countries, 30; total, 220. Of the total, 185 were born outside the Province, and of those born outside 139 had resided in British Columbia for a period exceeding three years. The document containing this information is ready for inspection.

In returns of marriages we have from various offices in the Province the following:—

Alberni	54
Beaton	125
Ashcroft	26
Fairview	120
Vancouver City	560
North Vancouver City	18
North Vancouver District	3
Point Grey	22
Richmond	1
South Vancouver	47
West Vancouver	3
New Westminster City	70
Burnaby	9
Chilliwack	8
New Westminster (outside)	36
Nanaimo	27
Alert Bay	1
Comox	12
Ladysmith	5
Victoria City	180
Oak Bay	11
Esquimalt	8
Saanich	14
Cowichan	8

Showing a total of 1,368 for six months, as compared with 3,169 for the whole of last year—a falling-off at the rate of 443 per annum.

DISCUSSION ON MR. MILLER'S PAPER.

The Chairman: We have heard this excellent paper. Any one wishing to discuss it, we will be very glad to hear their remarks.

Dr. Price: Mr. Chairman, Ladies and Gentlemen,—It affords me great pleasure to congratulate Mr. Munroe Miller on his remarkable and excellent paper on this subject, and especially for the way in which he treated a subject in which I am very much interested; that is, the infantile birth-rate, especially the cause, the prenatal causes, of still-births, of malformation, and of premature birth. These are all, as you know, registrable in this Province. In England, in Ireland, we never register still-births. I think that is a mistake. I think we are doing the right thing in this Province to bring these to the notice of the Registration Department, but Mr. Miller put it in words, well-chosen words which no one can use better, explaining—it is a very difficult subject to touch upon—these prenatal causes of infant mortality. And I think this is a subject which requires a very great deal of attention. The idea is prevalent in families that families should not be more than a certain number, and, unfortunately, I know of many cases where there is one child, and the second one is an accident, and there was never a third. Now, in the present state of this country, where every man is wanted—and every girl baby is wanted, too—it is a crime, a crime which is unspeakable, that these things should happen.

I am speaking from experience. I come from a country—Ireland—where it is part of the religion of that country that babies should be born into the world; it is part of their religion. In that country I practised for many years; I do not recollect a still-born child in my place, and I have seen hundreds of babies into this world. True, there were instances of premature births, but the number in that country was so small in comparison to British Columbia that the only way I could account for it was that the religion of the people of the country had something to do with the full-time birth of the child. It is a very difficult subject to speak of, but Mr. Miller has put it so well and so clearly that I really need add no more to it, but to congratulate him on the way he put it. But infant mortality is, counting still-birth, counting these other causes, appalling in British Columbia; but it is no more than other countries, when we count natural deaths among infants. I do not think the rate is any more in this country than any other. Real infant mortality of children is not very great. Now I leave that subject, and condole with Mr. Miller upon the careless way in which we medical men—I take the fault to myself—fill up these death certificates.

I have the pleasure of calling upon Mr. Miller regularly once a month, and I wish here to express my appreciation of the courtesy with which he always receives me and the wonderful way in which he always has statistics ready, and which at any moment I can get from him, because I report monthly in Victoria the vital statistics of the city. Well, I can't help saying that our death certificates are filled up in a most careless way, and it is certainly annoying to him and very trying to him to have them filled up in this way; and I would suggest taking up his suggestion that medical men, both practitioners and others, should be more careful in the filling-in of the cause of death in these certificates. True, I think the certificate is wrongly drawn up. There are three small lines, a space at the bottom of the certificate; one, primary cause; and then, was an operation performed, and then the immediate cause. In case of some diseases I do not fill up the two lines. If it is tuberculosis, I simply put tuberculosis down; I do not fill up, as some people do, neurasthenia, or stoppage of breath, or something like that. That is unnecessary. We simply fill in the primary cause. I think there is room for discussion on that; there is room for improvement in the form of the death certificate, and I think that is a question that should be taken up by a meeting of the statistical officers to alter that certificate. I believe strongly in collecting the statistics of the country correctly.

Now as regards cancer: I am taking rather a special interest in the number of deaths from cancer which have recently occurred in this country, and I think, from what I gather from statistics, that cancer is running a very close race with tuberculosis, and it is a neck-and-neck race, and I think that we are not studying nearly sufficiently the subject of cancer in its many forms. We are doing good work for tuberculosis, but we are to do that work and we are not to leave the other work undone; and I think there is quite a lot to be done in the study of cancer. It is extraordinary how very prevalent it is becoming.

Now, again, about the number of tuberculosis cases, and the reference made to the fewness of cases in Great Britain: Well, I know, having lived in Great Britain, that we are dumping our cases out in this country, and great care should be taken in the examination for the admission

of people into this country. I know when I came I was put into a queue with a lot of others, and I was not very strong at the time, and my wife and children were passed by. Oh, they are all right, no examination whatever of any kind. Well, I know to a certainty within the last fortnight a man who came from England in an advanced state of tuberculosis. How he got through—well, it has been carelessness on the part of the examining officer. I think that is a matter which ought to be taken up. We really do not want British Columbia to be a dumping-place for consumptives. I think that is all I have to say, except to congratulate Mr. Miller on the excellence of his paper. (Applause.)

The Chairman: Are there any others who wish to make remarks? If you will permit me to speak from the chair, as time is getting late. I want to congratulate Mr. Miller on many of the things he has spoken of. I very much regret that there is not a larger attendance of the medical men here, because he is speaking words of wisdom on a matter that is most interesting to Medical Health Officers—that of vital statistics.

One point particularly attracted my attention; that is the large number of still-births occurring here. In 1916, for instance, there were 119 in the City of Vancouver. I feel certain, however, that a great many cases of still-births occur throughout the Province that are not reported. My early experience in this particular city of ours was that many of the still-born were buried in the back yards, one reason for that being that the funeral expenses would be too great. This matter was taken up, and we arranged that for a nominal fee of $1, on the production of a doctor's certificate, the burial would be taken care of at the cemetery. Since then we have had far more notified to the Department.

I regret that births are not notified as they should be. It is impossible for Mr. Miller or any one else to keep the vital statistics of this Province, which are so important to ourselves at the present time, and also to future generations for comparative purposes. I regret that some machinery cannot be evolved to settle this important question, and to bring the people to realize the necessity for reporting births.

With regard to the certificates of death: I feel most strongly on this point. On the form now in use there is a list of diseases which are not supposed to be accepted by the Registrar, and yet which are constantly being certified as the cause of death by the medical men. Personally, I think that the remedy is in the hands of the Registrar himself. I have a note here of a number of these instances taken from the death certificates, such as convulsions, gastritis, asthma, heart-failure, and so on, which have apparently been accepted at the Registrar's office and no prosecution has been undertaken. I deplore this very much. The method we pursue in my department is, when such a case arises, we immediately get in touch with the medical man responsible and get from him the correct cause of death. We cannot correct the death certificate, but we can correct our vital statistics. The medical men are far and away too loose and too careless.

I quite agree with Dr. Price in his remarks regarding the form of death certificate, and would like to inform him that this matter was taken up in 1899 and on numerous occasions since by the Medical Associations of Vancouver, New Westminster, and Victoria, and they all agreed on a form. I think it is a very excellent one, but it has never been adopted. I would like to see a different form from the one at present in use. However, that is a matter we can leave in Mr. Miller's hands.

Cancer is certainly increasing. Out of a total of 1,097 deaths in 1916, there were 87 deaths from cancer in this city, and I notice from the statistics that they are increasing from year to year.

I thank Mr. Miller for what he has brought to our attention to-day. Mr. Miller will reply.

Mr. Miller: Ladies and Gentlemen,—It seems to me that I haven't anything to reply. I feel flattered at the reception I have received. As to the form and as to the mode and method adopted by Dr. Underhill, I see how there happens to be a difference between his reports and mine. I take the reports we have received. He calls in a physician for the purpose of the City of Vancouver and has him correct it the way it ought to be. When I once receive that document I dare not let it out of my hands. I cannot send it back for correction; and if I write to the physician recommending him to make a correction on the cause of death, I cannot change the original document, but I must underline in red ink that such-and-such a correction is suggested and authorized. You see, the thing becomes difficult: and then, as far as the machinery of the law goes, British Columbia has always been a kind of patriarchal institution

and had a great love of the people; under the dominion and control of the Government from October, 1872, to date, as far as I know and believe, there never has been a prosecution undertaken for violation of the registration law.

Dr. Young: Mr. Chairman, I am not going to speak in reference to the paper. This winds up the proceedings of the Convention, and I am sorry that the majority of the members are not here to allow me to express my great appreciation of the attendance and the great evidence of the interest which the members of the Convention have taken in the proceedings. I have to thank those who have very kindly prepared and read their papers here. I do not think that any of us who have attended here regret the time that it has taken. The papers have been excellent. They have been prepared by those especially interested in the subject which they have undertaken to deal with. They have presented views modern and up-to-date, and they have contained many very valuable suggestions, which I hope will be acted upon by the profession, and I know will be acted upon by the Department. It is the intention to collect all these papers, together with a report of the discussions that have taken place upon them, and to publish them in the Annual Report of the Department; but they are so good that it is my intention to print them in pamphlet form immediately (Applause), accrediting each to the author, and to add to the paper the discussion; and I hope to have the pleasure shortly to send to the authors a sufficient number for themselves, and also to distribute to the profession in general copies of the proceedings of this Convention.

I want further, Mr. Chairman, to be allowed to move a vote of thanks to yourself for the able manner in which you have presided at our meetings, and also personally to thank you for the great interest you have taken, and also the great assistance you have been to me in making this Convention a success. You have shown a great deal of interest, as I know personally, in health matters, and your activity has been a great help, especially when it is manifested in this the largest centre of population in the Province, and an incentive to the Provincial Board of Health. I have much pleasure, ladies and gentlemen, in moving a vote of thanks to Dr. Underhill for his presiding at the meeting. (Applause.)

Dr. Vrooman: Mr. Chairman, I have great pleasure in seconding Dr. Young's motion of thanks to Dr. Underhill for his able conduct of the meeting.

(Dr. Wrinch in the chair.)

The Chairman: It has been moved and seconded that a vote of thanks be tendered to Dr. Underhill for the valuable services which he has rendered on the occasion of this Convention. Now, if you are all in favour of that, will you manifest it again, please? (Applause.)

The motion was carried unanimously.

Dr. Underhill: Ladies and Gentlemen,—I thank you for the kind manner in which you have spoken. I know I have always taken a great interest in this matter of public health. Sometimes I speak rather quickly, too fast, without due consideration to the seriousness of the subjects we are discussing, but if I have occasioned any harm or inconvenience I am sorry for it. Gentlemen, I thank you very kindly for your reception of my little efforts here.

VICTORIA, B.C.:
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1918.

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Registrar, Births, Deaths & Marriages
Victoria, B. C.

PROVINCE OF BRITISH COLUMBIA

DEPT. OF EPIDEMIOLOGY

TWENTY-SECOND REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

SEVENTH REPORT OF MEDICAL INSPECTION OF SCHOOLS AND THE FORTY-SIXTH REPORT OF VITAL STATISTICS DEPARTMENT

FOR THE

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PRINTED BY
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PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., June 30th, 1918.

To His Honour Sir FRANK STILLMAN BARNARD, K.C.M.G.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Report of the Provincial Board of Health for the six months ending June 30th, 1918.

J. D. MACLEAN,
Provincial Secretary.

DEPT. OF EPIDEMIOLOGY

REPORT *of the*
PROVINCIAL BOARD OF HEALTH.

DEPT. OF EPIDEMIOLOGY

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., July 31st, 1918.

Doctor the Honourable J. D. MacLean,
Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Twenty-second Report of the Provincial Board of Health, being for the first six months of the year 1918. I do not call this an annual report, as it forms the connecting link as between the previous annual reports and those to follow. It is an annual report in so far as the report of the Medical Inspection of Schools is concerned, but the other matters deal only with the first six months of this year.

In my report of last year, submitted to you in January of this year, I recommended for your consideration a change in the date of the issuance of the report in order to enable the Department to issue the report in midsummer; my reasons being that under the Statute we are obliged to present our annual report at the meeting of the Legislature, which occurs in this Province in January. The result of this was that we were often obliged to say that returns have not been received from certain outlying districts; this not because of any fault on the part of the officials at these points, but owing to distance and uncertainty of the mail service. The Department desires to acknowledge the fact that you have seen fit to concur in the request, and for the future the annual report of the Provincial Board of Health will be issued at the end of June.

In the present report the report of the Medical Inspectors of Schools embraces the term from August 1st, 1917, to the completion of the school term in 1918, thus covering the full school-year of two terms.

British Columbia is fortunate in the physical conditions presented in the Province. It is a mountainous country with an abundant supply of water derived from the forest-clad hills, and in all parts, with probably a few exceptions where industries are developing along the water-courses, remarkably pure, and being a new Province sparsely populated we are better able to control the source of supply, with a consequential diminution in the number of water-borne diseases. Our population is composed of people accustomed to outdoor life, and this, coupled with the fact that we possess an unrivalled climate, is another factor in the preservation of the health of the community. We have, of course, to contend with the fact that there are vulnerable points due to our being a seaboard Province, also that we are at the termination of three trans-continental railroads.

Our Municipal Health Boards, however, are well established and well administered, especially in our seaport towns, and while there are a sufficient number of cases of infectious diseases from time to time to keep us on the *qui vive*, we have been able to keep perfect control, and the results are that our returns of the existence of infectious diseases are very satisfactory from a health point of view.

We have continued, during the past six months, our work along educational lines, and we are pleased to report what we consider very satisfactory progress. The health propaganda in the Province, as well as in the Dominion as a whole, has been wonderfully assisted by the fact that probably every Canadian has some friend in the army, and everything in connection with the work of our men is eagerly read and discussed. Naturally those immediately related to the men are very much interested in their environment in the camps, in the conditions surrounding them when they are travelling, and particularly their modes of life at the Front. In the war we accept and are prepared for the account of the casualties on the firing-line, but what we do not want to hear of is the existence of disease in cantonments or the prevalence of epidemics amongst our men. The history of previous wars has always been a sad one, from the fact that the enumeration of the fatalities always shows from three to five dead from disease where one died of wounds. During the present war, with millions of men in the field, and living under the highest pressure of effort, both mental and physical, the reports of deaths from disease have shown a small percentage of the total casualties of the army. This has been

brought about by strict observance of health regulations, insistence upon sanitary surroundings, and the inoculation of our men against the inroads of infectious diseases. The people of Canada are educated and intelligent, and the publication of the state of health of the troops has led them to ask, if such virulent diseases as smallpox and typhoid can be stamped out in the army, why they cannot be stamped out in civilian life where conditions are more organized and stable. They are coming to the conclusion that there is no reason why they cannot be, if the people themselves will follow the directions given by their officers of health in the same way that their friends are following them out under military command. In the army they have to do it; in civilian life, the effort, to be successful, must be voluntary. They are beginning to realize that within natural limitations any community can determine its own death-rate, and also to realize that "prevention is better far than cure." The result of this has been that we have seen that during the past three years conviction is dawning in the minds of the people that under other circumstances would have probably taken twenty-five years of constant effort to have brought about. They are beginning to realize what the influence of the individual as regards his relation to the community means, and as regards the efforts he must make individually in the prevention of disease by attention to personal hygiene, the education of himself and others in the idea of prevention of disease as distinct from its cause. They are beginning to believe health authorities when they say that there are more people dying in civilian life to-day from preventable causes than are being lost as a result of the war, and they are determined to so order their lives that this immense drain upon the population of the country shall cease.

The majority of our people belong to some one of the many organizations that are concerned in war-work, and they are learning this lesson, and learning it in such a way that many of these organizations will continue after the war to carry on the war against disease. They are learning what splendid results can be obtained from unity of action, especially when the unity of action is backed by a thorough knowledge of the results to be attained and a consciousness of the fact that in their organization they have the means of accomplishing these ends.

Co-operation as between the Board of Health, the medical profession, and the general public is absolutely essential for the carrying-out of a successful health propaganda, and in this connection I would beg leave to call your attention to the laxity on the part of the medical profession in regard to the provisions of the "Health Act" in reference to the reporting of infectious diseases. It has been a source of constant anxiety on our part to note that the profession does not seem to recognize that upon them devolves the care of the health of the public at large.

Many of our problems have to do with physical facts capable of direct demonstration, while others deal with the ethical bearings of certain groups of facts upon man's relations to society. The notification of disease belongs peculiarly to the latter class. The war has been of importance to our generation, since it has forced into prominence certain public issues which have demanded attention, but which in time of peace are merely academic discussions. We have reached the point where positive action is necessary. It ought to be clearly recognized that, if medicine is a profession, then its highest ideals must be maintained in the practice of it. If, however, it be an art of business sanctioned by law and licences, then in the interests of the public it must be strictly regulated, and one of the first things the Legislature can say is: "That for the granting of the licence to practise medicine a physician must be under the 'Registration Act,' report at once every birth and death occurring in his practice, and likewise must report every case of communicable disease that comes under his charge. Indeed, it is an axiom in all law and government that the licensing power carries with it the right not only to regulate what it licenses, but also to inspect the carrying-on of the art or trade which it licenses as to its complying with the law."

If we accept this view—and we must—we arrive at the point where we must say that if the physicians of the Province fail to recognize their obligation to the State, then the State must resort to compulsion in order to make sure that every man will do his duty.

The health of the people is above the law, and I would earnestly recommend to your consideration the suggestion that some means be adopted whereby the fact may be brought home to the medical profession that in accepting from the State a licence to practise their profession they are assuming an obligation that is mandatory.

Supervision of the work of the hospitals must come more directly under the purview of the Government. In co-operating with the physicians the hospital must become more of a health

centre in the community. The staff of these hospitals must be educated in health matters, and house-to-house work must be carried out in order that the purpose of the regulations of the Board of Health may be explained to the people. Where a case of tuberculosis exists it must be reported by the physician. It is absolutely essential that the case should be reported if the health-work emanating from the hospital centre is to be made effective, and the people taught that a case of tuberculosis is infectious, and also taught how the other members of the family may be protected from it. If the physician does not report it we can never hope to control the disease. Under your directions, the Board of Health has gone ahead with requests to the physicians to co-operate, but I regret to say that we have not been met with the response that we hoped for.

This is especially true in reference to our efforts to have our cases of tuberculosis reported. In the State of New York, about twenty years ago, the City Board of Health of New York took positive steps to make the notification of tuberculosis compulsory. That was in 1897. Speaking of this in a paper in 1913, Dr. Briggs, now State Commissioner of Health of New York City, said:—

"Of the various features of the anti-tuberculosis work, none is more fundamentally important than notification and registration of cases; and none has been more misunderstood or opposed by the medical profession. In spite of almost innumerable objections at first urged, it has finally been realized that no adequate control of tuberculosis can be effected without such notification and the objectors one by one have been silenced. Certain it is that not one of the disastrous consequences urged against notification has materialized, and in New York City such notification has now been in force for almost twenty years."

Clearly in British Columbia, if we want to give effect to the measures instituted by yourself, we must be notified of active cases of tuberculosis and have these registered. This is necessary for very obvious reasons; but it is enough to say that, with notification ever increasing the effectiveness of the measures taken, the death-rate in the Province will decrease, because if we do not know of the cases we cannot give effect to the measures which will tend to control and gradually eliminate the disease from amongst us.

Every good physician to-day is too much of a sociologist not to co-operate in any general practice in the public interest, but it is to be feared that in too many cases it is the indifferent and sometimes incompetent physician who neglects his duty. As a matter of fact, he cannot act in the best interests of his patient and of the highest art and science of his profession, unless he makes provision for sanatorium treatment of the patient and for the examination of other members of the exposed family with a view of their early treatment if found diseased.

I am mentioning tuberculosis in particular because we have made a special appeal to the profession to report these cases, but the argument advanced as to the physician's duty applies equally to the reporting of all other cases of infectious diseases. A fire which might develop into conflagration could be controlled if found when it is only a small blaze, and just so in the case of infectious diseases. Two or three cases of smallpox which are not reported and are not looked after, but allowed to mingle with the people, may give rise to an epidemic that will cost hundreds of thousands of dollars, to say nothing of the loss of life.

I think I am safe in saying that we have learned nothing of great importance along public-health lines in the present war up to the present time, but what we have gained is the awakening of a very satisfactory proportion of the people to the importance of health-work and to its possibilities. Not in a theoretical direction, but as demonstrated by actual accomplishment.

We must look upon our health-work from a broader outlook. Formerly it was the highest ambition of public-health workers to show each year a diminished morbidity and mortality rate from certain named diseases. If the Public Health Officer could show that in a brief period of his incumbency he had cut the typhoid death-rate down to one-fifth of its former proportions and had a steadily diminishing rate for scarlet fever or diphtheria, he felt that he had done a great deal. But within the past few years we have had a higher ambition. We have felt that we must deal with more than the negative side of health, and that it was most distinctly within the province of a Health Officer to put forth every effort to raise the vitality of every human unit in his community to the highest point of efficiency. He must no longer be satisfied with the knowledge that from the result of his efforts a number of individuals have survived who might have died from some preventable disease, but he must also feel that he must lay a foundation

for the robust citizens of to-morrow, and so our ideals have advanced, taking in not only the previous field of sanitation, but also that of personal hygiene.

How to reach the individual, however, has been the problem. Health Officers could not personally supervise the daily life of each individual in the community, and he recognizes, therefore, the necessity for educational measures, directed both to the end of securing better understanding, and hence better support to the Health Department, and also to so educate the individual as to furnish him with the knowledge of how to promote his individual health and with the incentive to put that knowledge into effect. To accomplish this we must do as I said in the beginning; that is, to secure co-operation as between the Board of Health, the medical profession, and the public. Our efforts are being directed along these lines, and during the past six months we have been able to secure the active co-operation particularly of the Women's Institutes in British Columbia. Series of meetings have been held, health films for moving pictures and slides for lanterns have been procured, and a great amount of literature is being distributed. During the coming months an active campaign has been outlined, and a constant effort will be made to bring to the people the knowledge of the fact that public health is purchasable, and that "within natural limitations a community can determine its own death-rate."

In our work in the immediate future special stress will be laid upon the question of rural sanitation. This is a very important question, especially in a Province such as ours, but at the same time the physical conditions in British Columbia are such that we should be able to deal with the difficulties that arise and to educate the people to the adoption of such measures as will do away with the sources of contamination which have been in the past all too prevalent in the rural districts. The logical course, of course, is to deal with contamination of water and food-supplies at the point of origin. The agricultural resources of British Columbia are being developed in a gratifying manner, and especially so in our cannery industries of fruit and fish. The Sanitary Department of the Board has been very active during the past months in the supervision of the canning industries, and a detailed account of their efforts will be found in the Chief Sanitary Inspector's report.

In the matter of milk inspection, we believe that we can be congratulated upon the effective measures which have been adopted for the Province through the Agricultural Department inspection of the cattle and dairies, and also the enactment of the municipal by-laws founded upon the "Milk Act" of the Province. The Agricultural Department, through their very efficient staff, are lending the Board of Health splendid assistance in this department, and there is no doubt that the value of our milk inspection is unquestioned. But there remains a further field of food inspection which merits further development, and the Board of Health would recommend for your serious consideration future activity along certain lines.

First: As to the physical examination of all food-handlers, and the exclusion from food-handling of those having communicable diseases.

Second: The inspection of methods of food-handling to prevent the contamination of food with disease organisms through unclean methods.

Third: The inspection at slaughter of the carcasses of animals used for food purposes.

The carrying-out of the provisions for the first two above suggestions would rest upon the Board of Health, and more particularly upon the Local Boards in the municipalities. Their work in this respect is hampered by inadequate appropriations for health-work, but more particularly by the failure of Municipal Health Officers to develop information which will indicate the need and value of the services mentioned and convince the citizens of the community of its necessity. In our larger cities much credit is due the Local Health Officers for the advances that they have already made in this respect, and their organization is developing in a way that will permit of a normal growth and the accomplishment of effective results.

As regards the third, however, the inspection of animals intended for food purposes, I regret to say that this has been either neglected or ignored entirely not only in British Columbia, but in practically all the Provinces of the Dominion, as inquiry will reveal. The Dominion Government provides inspection of carcasses, but for carcasses used only for export, neglecting entirely any protection for our own citizens. Their system is a splendid one and would prove adequate could it be available for the inspection at the time of slaughter of the meats for the home markets. A great difficulty experienced by the health authorities of the Province and by the municipalities is in controlling the small slaughter-houses and in the inspection of so-called

"farm-killed" animals. Your Department has been working along these lines for some time, and I would recommend that the Board be authorized to undertake a campaign which would bring about the adoption of means that would provide for the future inspection of all slaughtering, and I would recommend:—

First: That the municipalities be empowered to pass laws requiring the slaughtering of animals within prescribed limits and in certain definite places.

Second: To bring about, if possible, the co-operation of operators of small abattoirs. If such co-operation is not possible, then to provide for the regulating of the days and hours of slaughtering in small abattoirs, so that even a small inspection force will be able to visit all establishments and inspect the slaughtering in all.

For the controlling of the inspection of "farm-killed" animals—that is, those slaughtered by individual farmers on their own premises—a large Western city has adopted a plan which works well, and is one which could be adopted successfully by practically all small cities. A city inspection station is provided, to which all carcasses, not otherwise inspected at the time of slaughtering, are brought for inspection before being sold to local dealers. A veterinarian is stationed at this inspection office, and stamps, as approved, or condemns all carcasses brought to the office.

These suggestions are made to meet the present conditions. The question of the establishment of a municipal abattoir is one that is very debatable, but I believe that a practical solution may be worked out from the suggestions offered above for the control of the meat furnished our citizens. If fees for the inspection of carcasses are required, meat-inspection services should be largely self-supporting.

WATER.

In my last year's report I referred to the important question which had come before the Board as to the water-supply of the City and District of North Vancouver and the City of Vancouver and adjoining municipalities. Subsequent reservations were placed upon the watersheds by the Government reserving all unalienated lands within the bounds of the watersheds. Regulations governing the companies operating on the watersheds have been issued, Inspectors have been appointed, and I beg leave to report that to date the procedure adopted by the Board has been approved of by the municipalities and the conditions imposed found not to be too onerous, but have proved efficacious in the protection of the water-supply. It is the purpose of the Board to ask that these districts be declared game reserves in order that fishing and hunting parties may be prevented from frequenting them. It is found to be very difficult to deal with people who go in for a day or two for fishing or hunting, as they do not seem to realize the necessity of protecting the water-supply. However, with the Inspector working as a Game Warden for the district, this trouble will be gotten rid of.

Approval was given to the water-supplies at Silverton, North Vancouver (MacKay Creek), East Trail (McKelvey and Dry Creeks). The extension of the cemetery-site at Maple Ridge was also approved.

We have distributed 289,000 units of antitoxin and 415 vaccine points for smallpox. The small amount distributed is an indication of the little trouble which we have had in dealing with infectious diseases, and I beg to report for the Province as a whole a remarkably clean bill of health for the six months past. There was a report of a slight epidemic of mumps in the Langley District and of whooping-cough at Ocean Falls, and reports of measles which was the aftermath of the epidemic which we suffered last year.

I feel that we are to be congratulated upon the condition of affairs, and I am attaching a table showing the report by the Medical Health Officers of the different infectious diseases in the different districts.

The work of the Department during the past six months has been very onerous, particularly in the Vital Statistics Branch, owing to the compulsory registration of the population, and I feel very much indebted indeed to my staff for their very great devotion to duty and the splendid co-operation that they have given me.

I have the honour to be,
Sir,
Your obedient servant,
H. E. YOUNG,
Provincial Officer of Health.

TABLE SHOWING RETURNS OF CASES OF CONTAGIONS IN THE PROVINCE.

District.	Infantile Paralysis.		Tuberculosis.		Mumps.		Leprosy.		Typhoid Fever.		Scarlet Fever		Smallpox.		Diphtheria.		Chickenpox.		Whooping-cough.		Scarlatina.		Erysipelas.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Abbotsford													3													
Alert Bay																									24	
Anyox											1														21	
Boundary Falls									1																4	
Britannia Beach					2																				118	
Burnaby Municipality					79						1				7		8		2						75	
Cawston																										
Chase																										
Clayburn													1													
Copper Mountain															1											
Courtenay											2						1									
Creston																									62	
Duncan and District				1															16						1	
Extension																									10	
Fernie City																									20	
Flagstone													1												7	
Golden																			1							
Grand Forks									1										21						32	
Greenwood																										
Hardy Bay											3				1										10	
Hazelton											11				1										3	
Hedley																	11									
Hedley Creek									1		2														1	
Hope																	3									
Islands, The											5														5	
Lucerne													2													
Matsqui Municipality			2						1		2		1													
Merritt																										
Mill Creek																										
Mission Municipality											1										1				25	
Morrissey																									15	
Myrtle Point																									5	
McBride																			1							
Nakusp																										
Powell River																										
150-Mile House																										
Prince George																										
Prince Rupert																										
Princeton			1	1															1						1	
Qualicum Beach																										
Revelstoke City																			1							
Similkameen											1															
Sirdar																									1	
Solsqua																			2						1	
Squamish																									1	
Tofino																									23	
Trail																										
Tranville					1												1									

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GENERAL REPORTS.

SANITARY INSPECTION.

SANITARY INSPECTOR'S OFFICE,
VICTORIA, B.C., September 9th, 1918.

H. E. Young, Esq., M.D., LL.D.,
Provincial Officer of Health, Victoria, B.C.

SIR,—I herewith beg to submit the Eighth Report on Sanitary Inspection for the Provincial Board of Health.

This report, coming at a time when we are speeding to the limit in our field-work, must of necessity be extremely brief, yet full of meat to those interested in such work.

As a "curtain-raiser" for 1918, the protection of watersheds from which Greater Vancouver derives its water-supply was taken up in earnest, and regulations framed for enforcement through your Sanitary Department. Up to this time the Lynn Valley watershed is the only one where industrial development, such as logging and mining, is being carried on within the defined watershed areas. An experienced resident Inspector is in charge of the sanitary arrangements of these camps and works, the writer making frequent visits in order to be familiar with conditions. The sanitary precautions insisted upon and followed in these camps removes any probability of water-pollution through industrial development on the watershed. All sewage and urinary waste is incinerated daily; kitchen and table waste is incinerated or removed from the watershed; dish-water is disinfected and run to septic pits; the camps are visited regularly by a duly qualified registered physician; every employee is examined and a medical certificate issued for each man; any employee not able to pass the doctor's examination or found to be possessed of any insanitary or filthy habit is at once removed from the watershed area. This is accomplished through the co-operation of the operators in their desire to effect the intent of the Provincial Regulations in safeguarding a public water-supply.

Whilst on the subject of protection for watershed areas, I beg to suggest in all seriousness that immediate steps be taken to insist upon the installation of approved chlorinating plants for every public water-supply or reservoir. In spite of the most drastic laws or regulations to protect a watershed area, an absolute certainty is quite impossible unless the watershed is owned entirely by the municipality or party distributing the water. Therefore, in view of such ownership control, they should be given an opportunity of showing their desire to protect the consumer by chlorinating the water in a scientific modern yet inexpensive manner.

Another source of danger to watershed areas which should and could be easily disposed of is the menace of camping and fishing parties. The taking of fish or hunting for game upon any prescribed or defined watershed should be prohibited and all waterwork or intake officials appointed as Game Wardens for such watershed connected with their regular employment. This would, to a great extent, mitigate an existing menace. Furthermore, the intake officials at Seymour and Capilano should be instructed to stop trespassers passing through waterworks property. The lack of such instruction or power indicates, to my mind, the missing link in the chain of co-operation on the part of affected municipalities. So far this year there has been no sickness attributed or traceable to infected water from a public supply in British Columbia.

Quarantine-work of this Department for unorganized districts has been unusually light this year so far. During February and March an outbreak of variola occurred in a construction camp near our southern boundary-line. Through the vigilance and assistance of the Local Medical Officer of Health we were enabled to confine and stamp it out.

During the past sixty days there has been one death and five recoveries from typhoid fever amongst Japanese camped on a small island near Musquam, on the North Arm of the Fraser River, some twelve miles below New Westminster. The cause was drinking Fraser water which receives the sewage of Westminster and adjacent settlements. There has also been five isolated cases at remote parts of the Province—four Orientals and one white; three deaths and two recoveries. The cause of infection is now being investigated.

At Vernon, during an inspection of the municipal sewage-disposal plant and water-supply, my attention was called to a case of typhoid which was traced by Dr. Williams, the attending physician, to defective house-plumbing. City Engineer Blakeborough instituted remedial measures without delay. The Okanagan Valley has been almost free from infectious fever, due, no doubt, to the vigilance of the Local Medical Officers and the distribution from your office of prophylactics. Whilst in Nelson during July I arranged for the posting of typhoid warning notices at points along the Kootenay where the waters are liable to infection. During June some alarm was taken by the residents of Kootenay River District owing to the discharge from Balfour Sanatorium septic works finding its way to the river. The matter was taken up with the Supervising Medical Officer and a proper sub-irrigation system of disposal adopted.

Summer Resorts.

The British Columbia seaside resorts have been invaded this season by record-breaking crowds. At the larger and thickly populated camps health notices have been conspicuously posted for perusal by parents and guardians. These notices excite favourable comment and much good will undoubtedly result. A notable improvement of sanitary conditions exists in all the summer camps visited, but, with few exceptions, an adequate and convenient supply of pure drinking-water is lacking.

Fruit and Vegetable Canneries.

Following last year's survey of the food canning and storage establishments of the Interior, the following regulations were provided:—

"Every owner or person in charge of premises used for the preparation, canning, packing, curing, cooking, preserving, or manufacture of any food product, either in liquid or solid form, shall be held responsible for the sanitary condition of the said premises and grounds or yard belonging to or adjacent thereto.

"Adequate washing facilities of modern and efficient type must be furnished for employees.

"Efficient and separate toilet accommodation for both sexes, conveniently located and screened from observation, must be provided and maintained in an orderly and clean condition for employees.

"Where sleeping or living quarters are furnished for employees, ample lighting and ventilating facilities must be provided.

"All knives, tables, trays, conveyors, or implements not herein specified, but used in the preparation, handling, or preserving of food products, must be maintained in an absolutely clean state at all times, free from rust or stain.

"The employment of any person afflicted with any skin, blood, or infectious disease of any kind is strictly prohibited in or about the premises used for the preparation of any food product. Wherever any doubt exists, the person under suspicion must produce a medical certificate from a duly registered physician.

"Dogs or other animals must not be allowed in or about any establishment used for the preparation of food for human consumption.

"All outbuildings and rooms used for the storage of raw or prepared food products shall be limewashed, or coated with approved antiseptic, at least once in every year when buildings are to be used.

"The accumulation of cuttings, peelings, liquid or solid refuse or wastes in or about premises used for the preparation of food or food products is strictly prohibited.

"Storage-space enclosed and kept in a sanitary condition, properly screened from flies, must be provided for the reception of all refuse, pending removal from the premises."

These regulations were welcomed by the operators, employees, and district municipalities throughout the great Okanagan Valley. The recommendations made in my July report to the managers of these establishments have been more than met. Columns could be written on the awakening of the Okanagan Valley, an empire in itself. The days of canned, bottled, and dried fruit and vegetable imports are ended. British Columbia will have ample fruit and vegetables to spare for export from now on. Furthermore, such food exports will create an increasing demand not wholly because of excellence of flavour, but because it will be known that the preparation and preserving is under most favourable climatic and sanitary conditions, where Government Inspectors and visitors alike are ever welcome.

Extract from my July report: "My next stop was at Penticton: from here I worked the southern part of the Okanagan Valley. On the whole, the Okanagan Valley is very prosperous. The crops are good, everybody is working hard, and nearly every farmer has an auto to aid him in his rush to get the products of his labour to the rapidly increasing number of canning, grading, and packing establishments. The inauguration of Government Sanitary Regulations governing such food-preparing places was timely and welcomed by both employers and employees. Posters setting forth our requirements were nailed to every establishment and commented upon most favourably. Some of the plants will be in operation until December. Many new plants of a modern design are under construction. The machinery used in the canneries is in many respects similar to that used in the canneries for salmon. Ninety-five per cent. of the places are preparing to abide by your new regulations, and in one or two cases we may have to take drastic action to enforce them in order to protect the public health and provide sanitary conditions for the employees.

"It may be necessary for me to pay another visit to some of the doubtful places, but in the meantime I am preparing a list of the names of local constables where I have requested follow-up work. To these constables will be sent additional copies of the regulations to supply the proprietors with and insist upon observance where necessary."

SALMON-CANNERIES.

On the Fraser River, far-famed for its salmon, I regret to report that, owing to scarcity of fish, only half the usual number of canneries are in operation. The Fraser canneries are operated strictly according to our regulations, and the comment offered by visiting tourists is most favourable. The falling-off of the Fraser salmon harvest is, however, more than compensated by largely increased catches in our northern and western coast waters. In regard to the sanitary operation of these canneries, the only fly in the ointment is the lack in many places of proper disposal of fish offal and cuttings. Whilst the present method of dumping it into the sea does not in any manner affect the purity of the canned product, it does in many instances create a foreshore nuisance which is nauseating when disturbed by storm or steamer-wash during fall and winter months. Some few of the cannery locations are infested with dogfish. These fish act as scavengers, and thus the cannerymen and locality is relieved of a nuisance. At Tuck Inlet, near Prince Rupert, a site was approved of by the writer for the establishing of a modern oilery plant. This institution will take care of all the fish-refuse it can get from the Nass and Skeena River canneries. This waste will be converted into valuable skid-oil, guano, and poultry-cake. This cake is similar in appearance to linseed-oil cake, and for poultry is claimed to be highly nutritious. The operation of this plant will remove the principal objections of the local canners for proper removal to sea of their fish-offal.

During May I visited the following fish canning and curing establishments located in northern British Columbia waters:—

Alert Bay Cannery (located on Cormorant Island).—Manager, Mylo Chambers; operated by the British Columbia Packers' Association, of Vancouver. Cannery premises and outbuildings in good sanitary condition. Six new bunk-houses just finished for white employees. The entire plant is well equipped, and with the exception of an offal-chute our regulations are being observed.

Shushartie Cannery (Northern Part of Vancouver Island).—Manager, A. E. Hamilton, for Western Packers' Association, Standard Bank Building, Vancouver. Premises and outbuildings clean and isolated. No provision for offal-removal. Those in charge of cannery informed me that the local waters are infested with dogfish, which devour every particle of refuse fish dropped from cannery wharf.

Namu Cannery and Sawmill.—Operated by the Drainey Fisheries Company for R. V. Winch & Co., Vancouver. This plant is located on Namu Inlet under the management of Henry Doyle. During the canning season the employees number 300. A number of new dwellings for married employees are under construction.

Gosse-Millerd Cannery, Bella Bella.—Captain Gosse, manager. This is an extensive canning and curing plant with good living accommodation for its employees. Entire premises are well cared for from a sanitary standpoint. The only omission is the lack of some means for the lawful removal of offal and refuse from the foreshore. Complaints regarding the nauseating odour from fish-offal at this point during low-water periods in the fall seasons have been

numerous. Captain Gosse assured me that he intends taking remedial action as soon as possible. I beg to suggest that a letter be sent reminding him of the necessity for such action in order to obviate this increasing nuisance and menace.

Butedale.—British Columbia Packers, Limited; Mr. Jefferson, manager. This is a large new plant just being erected, and at the time of my visit no responsible official was available. A copy of the regulations was posted on the office and another marked copy mailed to Mr. Jefferson.

Lowe Inlet Cannery.—Operated by British Columbia Packers' Association; local manager, Mr. Curtis. General sanitary condition good. Latrines are over tidal water. Offal is dumped into sea from cannery below low-water mark.

Claxton Cannery, Skeena River.—Operated by the Wallace Fisheries, Limited, Vancouver; local manager, T. Wallace. This is a large canning and cold-storage plant. The general living condition is good. I requested a general clean-up of the Oriental and Indian quarters; also discussed the offal question with Mr. Wallace, who informed me that he was negotiating with the new Oilery Company, of Prince Rupert, for its removal in future.

Carlisle Cannery, Skeena River.—Operated by the Buttermer & Dawson Canning Company, Vancouver; local manager, T. Lake. Sanitary conditions good. No means apparent for lawful disposal of offal.

Oceanic Cannery, Skeena District.—Operated by Findlay, Durham & Brodie Company, of Victoria; local manager, Mr. Carter. General conditions good; latrines over tide-water; offal dumped into the sea.

Inverness Cannery, Skeena Slough.—Owners, Todd & Sons, Victoria; local manager, Bob Johnson. Large cannery well arranged. Living conditions for employees good. Arrangements for the lawful disposal of cannery fish-offal are being made with the new Oilery Company, of Prince Rupert.

North Pacific Cannery, Skeena Slough.—Owners, Anglo British Columbia Canning Company, of Vancouver; Dr. Bell-Irving, superintendent; local manager, Mr. Lord. The cannery and outbuildings are sanitary, but there is not as yet any provision for the lawful disposal of offal.

Dominion Cannery, Skeena Slough.—Operated by the British Columbia Packers' Association, of Vancouver; local manager, Mal Dickinson. Cannery and outbuildings quite sanitary, but no apparent provision for the lawful disposal of fish-offal.

Sunnyside Cannery, Skeena Slough.—Owned by Gosse-Millerd Packing Company, Molson's Bank Building, Vancouver; local manager, F. Strang. Cannery premises clean, and a number of new bunk-houses under construction. Entire premises undergoing improvements along sanitary lines. Mr. Strong informed me that he was negotiating with the new oilery concern at Prince Rupert for the removal of offal.

Owing to unfavourable weather and tidal conditions it was not possible to visit the canneries at Port Essington; consequently I called on Chief Constable Gammon at Prince Rupert and requested that he forward some of our regulations and notices to Constable Birchall at Port Essington. Constable Birchall is permanently located at Port Essington, which is known as the Steveston of the Skeena. Many complaints have been made regarding the general insanitary conditions of this unincorporated village, and I beg to suggest that my action be augmented by a letter to Chief Constable Gammon, asking for a report as to any or what action is being taken by the Port Essington constable. The foreshore conditions during the fishing season are said to be abominably insanitary.

Whilst at Prince Rupert a visit was made to the site of a new oilery now being constructed for a company known as "Fish Oil and Products, Limited," with office at foot of Victoria Drive, Vancouver; R. G. Thompson, managing director; local manager, Captain C. R. Betts. The location is well isolated at a point known as "Scissors Bay." The machinery is being brought from Washington, and the main building is well under way. Should this plant be properly equipped and handled it will be able to take care of all fish-offal from the Skeena River and Portland Inlet canneries. Judging by the size and condition of the plant, apparent at the time of my visit, I do not think it will be able to cope with more than six canneries during the season just opening. However, Captain Betts appears to be an energetic man with good backing, and it is to be hoped that this concern will prosper and develop. The success of such an industry means the conversion to profit and use of a valuable fish by-product now being wasted and becoming a nuisance and menace to the public health.

Canadian Canning & Cold Storage Co.'s Cannery, Tuck Inlet.—This cannery is located some five miles west of Prince Rupert, under the management of F. Johnston. The cannery and outbuildings are splendidly equipped and sanitary, with ample fresh-water supply. This will be one of the first canneries to be served by the new oilery in regard to the removal of offal.

Somerville Cannery, Portland Inlet.—New cannery being constructed for the Western Salmon Packing Company, Rogers Building, Vancouver; local manager, Colonel J. McMillan. Left copies of regulations and suggested sites for latrines and offal-chute.

Kincolith Cannery, Mill Bay.—Operated for R. V. Winch Co., Limited, Vancouver; Henry Doyle, superintendent; local manager, J. Cousins. This cannery uses a scow to convey the fish-offal out to deep water. The general sanitary conditions are good, excepting the Indian quarters, which are badly needing limewash and a general clean-up of the surrounding yards. I called Mr. Cousins's attention to it, but he said that if he limed or cleaned up the Indian quarters the Indians would desert him.

Nass Harbour Cannery.—Owned by British Columbia Packers' Association, Vancouver; local manager, Mr. Chambers. The general conditions of the cannery and outbuildings are good. A scow is kept for the removal of salmon-offal, but local reports indicate that it is not always used. Mr. Chambers assured me otherwise.

Arrandale & Port Nelson Canneries, Nass River.—Operated jointly for the Anglo British Columbia Canning Company (Bell-Irving Company), Vancouver; local manager, Mr. Walker. Canneries and outbuildings fairly sanitary; offal dropped into river; copy of regulations left for manager.

Kumeon Cannery.—New cannery under construction for the R. V. Winch Company, Vancouver; local manager, F. Rudge. Dozen bunk-houses being erected for employees. Latrines over tidal water; ample fresh-water supply; good site and isolated; left copies of regulations governing canneries.

To summarize on the canneries of Skeena, Nass, and intermediate canneries: The number of canneries are being increased and general sanitary conditions much improved since my last visit. There is yet room for improvement, especially in regard to the disposal of fish-refuse. The new oilery near Prince Rupert will surely have a desirable effect in that respect for a distance of twenty-five miles from Prince Rupert, north and south. To take drastic action for the lawful disposal of fish-offal at this time would be to seriously embarrass the canners owing to the present difficulty in securing material and skilled labour for construction of chutes and scows. The cannerymen in most instances recognize the desirability of effectively disposing of their fish-offal and will no doubt use every available means to that end. An occasional visit of inspection reminds them, and I am sure that the time is coming when by tactful methods the Northern canneries will be of the same enviable sanitary standard as the Southern British Columbia and Fraser canneries.

INDUSTRIAL CAMPS AND TOWNS.

The inspection of logging, mining, and quarry camps in unorganized districts throughout the Province is now being vigorously followed, through the efforts of the Honourable Dr. McLean in providing this Department with a suitable launch. This work will be handled in a more thorough, systematic, and less expensive manner than in previous years. The majority of our industrial camps, towns, and summer resorts are located along our extensive island and coast-line; consequently, a launch conveyance is absolutely necessary. This part of our work is now being attended to, and already the industrial and summer camps located on the lakes, inlets, and islands of the Lower Mainland have been visited. This work will be continued along the islands and coast from the 49th parallel to Queen Charlotte Sound.

In regard to logging camps, numerous complaints of a varied nature and from many sources have been received and are being investigated. Observation and experience gained thus far shows that the small camp is the greater offender. The larger the camp the better the general sanitary condition. Many of the small logging and shingle-bolt camps are operated by gangs of men on the co-operative partnership plan. In many instances these camps are most insanitary, located in isolated places, each man for himself, and they would prefer to do without ordinary sanitary comforts or conveniences in order to save the apparent expense. The commonest excuse given to the writer is that "We do not intend to operate here but a few weeks." In

the larger camps, where some responsible head can be interviewed, it is not difficult to have necessary sanitary improvements made. This branch of our work requires much patience and tact. Precipitous log-chutes have to be negotiated and an extensive wardrobe maintained to meet the varied requirements and climatic changes. One of the most generally needed and very necessary wants of the logger is some manner of having his blankets laundered. Facilities for such are not provided except at the largest camps. The average logger possesses only one pair. These he gets laundered every time he quits and goes to town. Since prohibition came into force he stays at his work many months longer; consequently, very often his blankets become infested with vermin. The above is the gist of an explanation offered by one of our most prominent transportation officials, who wrote complaining of vermin-infested loggers using his company's steamers between their camp and the cities. The shortage of labour is responsible for many improvements in the industrial camps. The food provided is of the best and without stint. In fact, it would be impossible to procure better in the highest-priced city café during these war-restriction days. In old camps where there is anything to indicate the existence of vermin, limewashing and disinfectants are requested. In many cases the employees object to this procedure. The living conditions of the average logging camp are far superior to many of our coal-mining towns, notably Natal and Michel. Our reports on file would show the city slum as a palace compared with the shacks used by well-paid coal-miners from Southern Europe at the towns mentioned. They pay a ground rental on small 30 x 90 lots. Their term of residence is uncertain; consequently, they decline to erect shelters of proper dimensions commensurate with the number of their household. The fact that every Provincial constable is a sanitary officer is the one redeeming grace to check insanitary features of such places.

Referring again to logging camps, I am reminded of the completion of what is termed "the logging camp *de luxe*," designed and built for G. G. Johnson, of the Capilano Timber Company, for use on the Capilano watershed from salt water to Squamish. The camp consists of a train of large 10 x 60 x 8 cars with cupola ventilation; also ample windows, high-grade porcelain wash-bowls, shower-bath compartments, modern flush toilets and urinals, hot and cold running water, steam heat, and electric light. The sleeping-cars are equipped with sanitary mattresses, two men to a compartment-room. The dining-cars are equipped to serve fifty persons seated. The commissariat is equipped with steam-tables, fly-proof food-storage compartments, and every conceivable contrivance for expeditious and sanitary handling of food. A library-car is also to be added. All the plumbing is of the most modern type and work. Solid and liquid wastes are conveyed in Imhoff septic tanks. These portable camps are side-tracked at a suitable and convenient place to the logging operations, the cut logs being railroaded to tide-water on the regular logging-train.

The value of running a camp along such sanitary lines is shown in many ways, but most especially in the fact that whilst there exists a great scarcity of logging help, it is not felt at this camp. Good men are constantly offering and being accepted. There is an economic feature to a camp of this type, and no doubt our employing loggers will note it.

Complaints made to the Provincial Board were investigated and disposed of for Local Boards of Health, as follows:—

Langley: School latrine menace to local wells.
Vernon: Septic sewage discharge to Long Creek.
Whiterock: Insanitary squatters' shacks on foreshore.
Victoria-Saanich: Septic discharge at boundary limits.
Maple Ridge: Municipal cemetery drainage.
Steveston: Removal from foreshore of serious menace through the partial destruction by fire of 25,000 cases of salmon.

Numerous complaints of alleged menace or nuisances of a minor nature have been attended to at various parts of the Province, and other cases are now under investigation.

I have, etc.,

Frank DeGrey,
Chief Inspector.

HOSPITAL INSPECTION.

VICTORIA, B.C., September 9th, 1918.

H. E. Young, Esq., M.D., LL.D.,
Provincial Officer of Health, Victoria, B.C.

SIR,—I have the honour to submit the Sixth Report on Hospital Inspection in British Columbia.

Since my last report there has occurred no breach or untoward incident in the maintenance and general operation of British Columbia civilian hospitals. During July of this year the first meeting or convention for those interested in hospital-work was inaugurated by Dr. MacEachern, Superintendent of the Vancouver General Hospital.

Dr. MacEachern is to be congratulated upon the success which has attended his inauguration of the scheme of a yearly convention of the representatives of the hospitals in British Columbia. Standardization in hospital management and work is being discussed by the hospitals of the United States in an earnest desire to arrive at an understanding in the management of these institutions which will increase their effectiveness and at the same time bring about an economy in the expenses of management and maintenance. There was a large attendance at the convention. Very interesting papers were read by those immediately concerned in the care of their institutions and practical suggestions offered by those who have become expert in the particular phase of the question in which they have had experience. Committees have been formed, plans outlined, and effect will be given to many suggestions which appealed to the practical people present as being worthy of consideration. We look for much benefit being derived from these deliberations, and we hope that the enthusiasm displayed at this the first meeting will give the movement such initial impetus as will result in benefits to the hospitals of the Province as a whole.

My work of inspection has been confined chiefly to the small or private hospitals having no Board of Directors or Government representatives.

During the past few months two new licences have been issued for maternity homes—one at Victoria and one at Kamloops. Another one is now being considered on the Lower Mainland. Two illegal alleged maternity hospitals have been suppressed, and another is under suspicion.

Government representatives have been appointed to sit at the Boards of Control for Alert Bay, Rock Bay, Vananda, Lytton, and Powell River Hospitals. This action is commendable, having a tendency to promote keener local interest in hospital-work. Furthermore, it will prevent unjust criticism or suspicion of mismanagement on the part of those in charge.

The following licensed private hospitals have been periodically inspected and any changes or improvements suggested have been carried out:—

Arnold Maternity Home (Mrs. M. Arnold), 316 Robson Street, Nelson.
Backett Sanatorium (Miss R. A. Backett), 1301 Georgia Street, Vancouver.
Britannia Hospital (Dr. Burke), Britannia Beach, Howe Sound.
Bass Maternity Home (Mrs. M. C. Bass), 2625 Prior Street, Victoria.
Bute Hospital (Mrs. M. E. Johnson), Bute and Robson Streets, Vancouver.
Bell Nursing Home (Mrs. L. Bell), 756 Cloverdale Avenue, Victoria.
Coquitlam Hospital (Dr. Sutherland), Coquitlam.
Corbman Maternity Home (Mrs. E. Corbman), 855 Eleventh Avenue E., Vancouver.
Down Maternity Home (Miss R. Down), Battle Street W., Kamloops.
East Kootenay Hospital (Dr. Garner), Fernie.
Grandview Hospital (Dr. E. Hall), 1090 Victoria Drive, Vancouver.
Grindon Hospital (Mrs. A. F. Grindon), 61 Nicola Street, Kamloops.
Handley Maternity Home (Mrs. J. Handley), 1218 Queen's Avenue, Victoria.
Impey Maternity Home (Mrs. M. Impey), 243 Eighth Avenue West, Vancouver.
Lonsdale Private Hospital (Mrs. M. D. Schultz), 1900 Lonsdale Avenue, North Vancouver.
Moore Nursing Home (Mrs. E. Moore), Baker and Falls Streets, Nelson.
More Maternity Home (Mrs. C. More), 949 Fisgard Street, Victoria.
Murray Convalescent Home (Miss E. Murray), 215 Sixteenth Avenue E., Vancouver.
Rutherford Maternity Home (Mrs. E. Rutherford), 2321 Shakespeare Street, Victoria.
Roadley Nursing Home (Mrs. L. Roadley), 360 Battle Street, Kamloops.
Roycroft Private Hospital (Miss Roycroft), 1036 Haro Street, Vancouver.

Ross Convalescent Home (Miss E. G. Ross), 1145 Faithful Street, Victoria.
Salmon Maternity Home (Mrs. A. Salmon), Garden Avenue, Cranbrook.
Smith Maternity Home (Miss Kate Smith), 855 Queen's Avenue, Victoria.
South Vancouver Private Hospital (Mrs. Jane Webb), 1298 Fifty-first Avenue, South Vancouver.
Skelland Nursing Home (Mrs. E. Skelland), 2316 Lee Avenue, Victoria.
St. Luke's Home (Sister Francis), 309 Cordova Street, Vancouver.
Steveston Fisherman's Benevolent Society Hospital (Dr. W. Hepworth), Steveston.
Sunnyview Sanatorium (Dr. Irving), Powers Addition, Kamloops.
Tomley Maternity Home (Miss L. Tomley), 129 Twenty-second Avenue W., South Vancouver.
Victoria Private Hospital (Miss J. B. Archibald), 1116 Rockland Avenue, Victoria.
West End Hospital (Miss M. G. Tolmie), 1447 Barclay Street, Vancouver.
Witt Maternity Home (Mrs. A. C. Witt), 1845 Forty-sixth Avenue E., South Vancouver.
Winters Nursing Home (Mrs. M. Winters), 1020 Harwood Street, Vancouver.

The charitable institutions in British Columbia are as follows:—

Children's Aid Society, Vancouver.
Catholic Children's Aid Society, Vancouver.
Children's Aid Society, Victoria.
Loyal True Blue Orphanage, New Westminster.
Monastery of Our Lady of Charity, Vancouver.
Providence Orphanage, New Westminster.
St. Ann's Orphanage, Nanaimo.
St. Ann's Boys' School, Quamichan.
Salvation Army Maternity Home, Vancouver.
British Columbia Protestant Orphans' Home, Victoria.

Of the last-enumerated charitable institutions nothing but praise can be said. There are but few vacant cots, the food provided is wholesome, and the general environment cheerful and sanitary. There is nothing in British Columbia more worthy of help from the public purse than the Orphan and Refuge Homes, where, owing to war-time calls on the usual contributors and increased cost of foodstuff, the burden of carrying on is doubly heavy to those in charge or responsible.

I have, etc.,

Frank DeGrey,

Acting Hospital Inspector.

MEDICAL INSPECTION OF SCHOOLS.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., July 31st, 1918.

Doctor the Honourable J. D. MacLean,
Provincial Secretary, Victoria, B.C.

SIR,—I beg leave to submit the Report of the Medical Inspection of Schools for the past year previous to June 30th. My request to issue the report at midsummer was based primarily upon the necessity of securing complete data of the medical inspection of schools and to make our report coincident with the termination of the school-year.

We have included in the tables submitted the reports for the school inspections from September, 1917, to June 30th, 1918. Some question has arisen as to the results obtained from the inspection of schools, and it has been felt that probably the results obtained were not commensurate with the financial expenditure. I regret that such an implication has been made, because if one were to go over the reports for the past five years, since the inception of the inspection of schools, and were to read the reports received from our Inspectors, one could not help but be struck by the optimistic tone of these reports and the improvement of the condition of many of the pupils now in comparison with the condition found when the work was begun. It would be regretted very much indeed if any change were made in the future in this branch of the Department, other than changes which might be suggestions to further the efficiency of the work.

The Medical Inspectors are paid for their work, and I must say that in the majority of cases the responsibility for the proper performance of the duties required has been fully recognized by the Inspectors. In other cases I cannot say so much. The one defect that impresses itself upon the Department is this: that under the conditions of the "School Act" the physician who makes the examination is debarred from attending the case. The insertion of this provision was deemed necessary in order to prevent the accusation being made that the Medical Inspector was simply creating work for himself. The result is that, while the defect may be recognized and the parents' attention called to it, unfortunately they do not seem to realize the necessity of having the defect corrected, and the result is that in some cases the child does not derive the benefit that it should.

I would suggest that an extension of this work be attempted by the appointment of qualified nurses to follow up the cases and also to assume the work of the examinations. Power to do this is embodied in the Act.

The Women's Institutes of the Province have been urging that some such step should be taken, as they are very anxious indeed to co-operate with the Department in anything for the welfare of the rising generation. They have assured the Department in their desire to co-operate especially in the supervision of the sanitary condition of the schools, and have been urging the adoption of some means whereby the dental needs of the pupils may be attended to. Many of the dentists are engaged in war-work, and it has been difficult to devise a scheme whereby dentists might visit the outlying districts. We have approached the College of Dental Surgeons asking them to co-operate with the Department and with the municipalities, but as yet we have not received any reply from them as to their intention in the matter. We, however, propose to continue our efforts to bring about a solution of the question and feel confident that we will be able to do so.

In my last report I begged leave to suggest for your consideration recommendation to the School Boards for the establishment of open-air school-rooms for weakly and pre-tubercular children. These suggestions have been acted upon by Vancouver and Victoria School Boards, and we are confident that, with the demonstrations in this work, centres for the work will extend throughout the Province.

I beg leave to submit a detailed report of the work done by the Department, and also a copy of the reports of the work done by the Medical Inspectors of Schools.

I have, etc.,

H. E. YOUNG,
Provincial Officer of Health.

SCHOOLS INSPECTED.

Rural and Assisted Schools.

Schools inspected: 1916, 331, at a cost of $5,653.82; 1917-18, 328, at a cost of $5,674.50.
Schools not inspected: 1916, 117; 1917-18, 173.
Pupils inspected: 1916, 7,945; 1917-18, 7,384, a decrease of 561.
Cost of inspection per pupil: 1916, 71⅙ cents; 1917-18, 76⅓ cents.
Percentage of defects: 1916, 78.50; 1917, 86.11, an increase of 7.61.
Medical Inspectors: 1916, 28; 1917-18, 85.
Report from Medical Inspectors: 1916, 89; 1917-18, 82.

Graded City Schools.

Cities, 35. 1916: Reported, 27; not reported, 6. 1917-18: Reported, 19; not reported, 16.
Pupils inspected: 1916, 25,564; 1917-18, 24,019, a decrease of 1,545.

High Schools.

High schools, 38. 1916: Reported, 19. 1917-18: Reported, 22.
Pupils inspected: 1916, 1,917; 1917-18, 2,155, an increase of 238 pupils.

Rural Municipal Schools.

Municipalities: 1916, 28; reported, 22; not reported, 6. 1917-18, 27; reported, 16; not reported, 11.
Pupils inspected: 1916, 10,469; 1917-18, 10,946; an increase of 377.

HIGH

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Chilliwack	J. C. Henderson		102	99	1	...	2	...	...	....	5
Cumberland	G. K. MacNaughton.		30	28	4	...	3	....	3	....	4
Duncan	W. Dykes.		....	26	....	....	3	....	....	....	3
Grand Forks	W. Truax		62	58	....	...	2	....	....	....	2
Kamloops	M. G. Archibald		79	55	....	...	....	....	....	....	....
Kelowna	W. J. Knox		....	....	....	....	1	1	...	....	3
Ladner	A. A. King		....	30	2	....	4	....	...	3	7
Merritt	G. Morse		20	20	...	...	....	1	....	...	2
Nanaimo	R. H. Port.		20	20	....	....	2	2	...	....	....
Nanaimo	W. F. Drysdale		91	91	....	....	11	..	...	2	17
Nelson	Isabel Arthur		153	145	1	...	16	....	....	1	9
New Westminster	E. H. McEwen		327	296	8	...	....	1	....	7	16
Peachland	Wm. Buchanan		16	5	....	....	....	....	....	....	....
Point Grey:											
King George V.	A. Lowrie		114	114	1	1	18	3	3	....	9
Prince Rupert	N. M. McNeill		32	32	....	....	1	....	....	....	3
Revelstoke	J. H. Hamilton		266	59	....	....	9	....	1	1	1
Rossland	J. W. Coffin		48	48	....	....	1	....	....	....	....
Vancouver:											
Britannia	F. W. Brydone-Jack. / B. H. Wilson		387	203	1	....	22	8	4	....	13
King Edward	F. W. Brydone-Jack. / B. H. Wilson		750	223	....	....	16	12	1	....	13
King George	F. W. Brydone-Jack. / B. H. Wilson		297	170	6	....	8	3	4	....	3
Vancouver, North	E. A. Martin		121	121	....	....	10	....	....	2	19
Vancouver, South	L. O. Griffin	H. Bone	314	312	2	....	20	10	4	2	61

GRADED CITY

Chilliwack	L. A. Patten		308	308	12	....	15	6	22	19	34
Cumberland	G. K. MacNaughton.		338	324	56	12	27	25	60	14	65
Duncan	W. Dykes.		....	197	....	....	14	....	4	5	29
Grand Forks	W. Truax.		370	358	....	2	18	2	8	10	29
Greenwood	W. H. Wood		110	90	1	....	14	1	1	1	31
Kamloops	M. G. Archibald		436	420	....	....	6	....	15	24	51
Kelowna	W. J. Knox		....	....	4	2	17	5	7	5	17
Merritt	G. H. Tuthill		247	230	2	....	10	....	9	17	46
Nanaimo:											
Central	W. F. Drysdale	M. E. Ward	424	415	....	....	30	....	6	31	114
Middle Ward	"	"	145	143	..	1	5	....	...	6	33
South Ward	"	"	138	136	....	....	1	....	...	6	34
Quennell	"	"	292	284	....	....	15	....	...	34	88
Nelson	Isabel Arthur.		704	658	5	3	27	8	31	28	75
New Westminster:											
Lord Kelvin	E. H. McEwen		315	328	21	....	....	....	....	38	57
Lord Lester	"		261	203	9	....	....	....	....	1	11
F. W. Howay	"		391	355	24	....	....	1	....	16	43
Richard McBride	"		348	306	38	....	50	....	....	15	59
Queensboro	"		86	72	1	....	....	....	....	3	8
John Robson	"		327	296	8	....	1	1	....	7	16
Herbert Spencer	"		316	268	22	....	....	....	....	16	54
Phoenix	Lee Smith		....	162	4	....	3	2	31	50	87

SCHOOLS.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
4	1	24							Good	Yes.
14	8	3	Cardiac, 1; anæmic, 1; skin-disease, 1; otitis media, 1					Whooping-cough	Ventilation and heating good	Clean and adequate.
1		4	Anæmia, 8; eczema, 1						Good	Good.
2		2						Smallpox, 23	Poor and inadequate	Clean but inadequate.
14		20								
3		5	Chronic bronchial catarrh, 2						Good	Yes.
6	10								Wood and cement	Flush.
5									Good	Clean.
2		7				1		Typhoid fever, 2	Poorly heated	No.
18		6							Good	Good.
40	1	37	Pink eye, 8; heart murmur, 3; acne, 1						"	Yes.
90	21			39		47	44	Chicken-pox, 25; scarlet fever, 1; mumps, 46	"	Good.
		3							"	Yes.
26		21	Cardiac, 3; orthopædic, 2					Mumps, 3	Ventilation fair	"
2	3	1						German measles, 1	Adequate	Adequate.
1		8							Good	Yes.
	1	1							"	"
82		24	Cardiac, 8; lungs, 1							
84	1	21	Cardiac, 7							
42	4	15	Cardiac, 10							
21		4	Varicocele, 2; hernia, 1					Measles	Good	"
113	10	23	Cardiac, 6	3				Measles, 1; mumps, 1; German measles, 6	"	"

SCHOOLS.

50	7	6	Cardiac, 2			2		Measles and chicken-pox	Fair	Yes.
203	74	6	Cardiac, 1; pulmonary, 1; orthopædic, 1; nasal catarrh, 19; blepharitis, 3; anæmia, 17; otitis media, 3					Whooping-cough	Good	None.
19	6	5	Defective palate, 1; nasal polypi, 1; Pott's disease, 1					Measles and whooping-cough	"	Good.
68	10	40	Cardiac, 2			3		Smallpox, 1	"	Yes.
40			Wry neck, 1; strabismus, 1; hernia, 1; cardiac, 1				1		"	Good.
208		44	Infantile paralysis, 1							
21	2	36	Chronic bronchial catarrh, 7; cardiac, 4			8	3		Excellent, modern	Yes.
96	56	63	Cardiac lesions, 3	1				Chicken-pox, 3	Satisfactory	Good, div. 1-7; poor, div. 8.
184	32	5	Fractured arm, 1; cardiac, 2; hip-joint disease, 2	2				Diphtheria, 1	Good	Yes.
74	2		Cardiac, 1; kyphosis, 1; bronchitis, 1; hip-joint disease, 1	1				Diphtheria, 2	Fair	"
61	3		Cardiac, 1						"	"
112	28	39	Cardiac, 1; club-foot, 1; defective jaw, 1; hip-joint disease, 1	2					Very good	"
410	13	133	Infantile paralysis, 3; pink eye, 70; heart murmur, 2; Bright's disease, 1; talipes, 1	6			5	Chicken-pox, 80; German measles, 31	Good	"
87	55								Good	Yes.
91	15								"	"
92	31									
84	31								Good	"
21	13								"	"
90	21			39		47	44	Chicken-pox, 25; mumps, 46; scarlet fever, 1	"	"
71	31								"	"
60		3	Patent foramen ovale, 1	2				Chicken-pox, 21	"	"

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Prince Rupert:											
Borden Street	N. M. McNeill		145	140	4	1	7	...	1	3	23
King Edward	"		309	288	6	..	11	2	3	3	41
Seal Cove	"		26	26	2	....	....	....	....	....	6
Revelstoke:											
Central	J. H. Hamilton		286	241	....	....	20	....	22	22	56
Selkirk	"		276	261	....	....	20	....	31	31	60
Rossland:											
Central	J. W. Coffin		358	358	2	1	5	3	1	4	10
Cook Avenue	"		215	215	2	1	2	1	1	3	6
Sandon	W. E. Comm		36	36	....	....	8	....	....	1	8
Vancouver:											
Aberdeen	F. W. Brydone-Jack B. H. Wilson	M. A. McLellan	334	285	5	2	19	6	14	5	52
Alexandra	F. W. Brydone-Jack B. H. Wilson	A. Jeffers	526	458	5	....	29	14	19	1	41
Bayview	F. W. Brydone-Jack M. P. Hogg	M. A. McLellan	242	230	1	....	12	4	4	30	26
Beaconsfield	F. W. Brydone-Jack M. P. Hogg	A. Jeffers M. Cruickshanks	176	188	11	1	12	7	3	4	32
Cecil Rhodes	F. W. Brydone-Jack M. P. Hogg	M. Ewart	344	355	1	....	22	11	13	6	42
Central	F. W. Brydone-Jack B. H. Wilson	E. G. Breeze	509	433	7	...	25	10	11	6	59
Charles Dickens	F. W. Brydone-Jack B. H. Wilson	M. Ewart M. Cruickshanks	274	268	2	1	14	6	6	4	20
Children's Aid	F. W. Brydone-Jack B. H. Wilson	A. Jeffers E. G. Breeze	122	176	9	....	7	5	6	2	12
Dawson	F. W. Brydone-Jack B. H. Wilson	M. A. McLellan	831	726	4	....	38	18	27	7	67
Fairview	F. W. Brydone-Jack M. P. Hogg	M. A. McLellan M. Ewart	593	479	1	1	22	13	31	4	60
Florence Nightingale	F. W. Brydone-Jack B. H. Wilson	M. Ewart A. Jeffers	629	530	8	....	35	16	19	1	55
Franklin	F. W. Brydone-Jack M. P. Hogg	A. Jeffers M. Cruickshanks	168	192	9	....	8	5	9	2	33
General Gordon	F. W. Brydone-Jack M. P. Hogg	M. A. McLellan	347	283	3	....	23	9	7	6	42
Grandview	F. W. Brydone-Jack M. P. Hogg	A. Jeffers	467	478	5	....	16	5	16	2	45
Hastings	F. W. Brydone-Jack B. H. Wilson	A. Jeffers M. Cruickshanks	420	460	12	1	17	14	6	1	25
Henry Hudson	F. W. Brydone-Jack M. P. Hogg	M. A. McLellan M. Ewart	458	375	7	1	24	9	18	8	67
Kitsilano	F. W. Brydone-Jack M. P. Hogg	M. A. McLellan	409	349	5	1	20	12	9	7	61
Laura Secord	F. W. Brydone-Jack B. H. Wilson	A. Jeffers M. Cruickshanks	308	288	5	1	6	7	6	3	10
Livingstone	F. W. Brydone-Jack B. H. Wilson	M. Ewart M. Cruickshanks	328	302	2	...	15	4	12	2	17
Macdonald	F. W. Brydone-Jack B. H. Wilson	A. Jeffers M. Cruickshanks	362	329	8	....	15	10	11	2	26
Model	F. W. Brydone-Jack B. H. Wilson	M. Ewart	497	464	2	....	42	8	20	5	68
Mount Pleasant	F. W. Brydone-Jack B. H. Wilson	M. Ewart A. Jeffers	639	505	4	....	31	11	29	3	40
Nelson	F. W. Brydone-Jack B. H. Wilson	A. Jeffers	602	537	12	....	43	9	9	1	45
Roberts	F. W. Brydone-Jack B. H. Wilson	E. G. Breeze M. A. McLellan	837	741	6	1	48	13	16	5	54
Seymour	F. W. Brydone-Jack B. H. Wilson	E. G. Breeze	489	479	7	....	25	12	16	9	91
Simon Fraser	F. W. Brydone-Jack B. H. Wilson	M. Ewart	494	463	3	...	30	8	26	2	58
Strathcona	F. W. Brydone-Jack B. H. Wilson	E. G. Breeze	633	644	2	....	30	13	23	9	88
Tennyson	F. W. Brydone-Jack M. P. Hogg	M. A. McLellan M. Ewart	524	397	8	....	18	13	17	2	60
Classes for Defects	B. H. Wilson M. P. Hogg	A. Jeffers E. G. Breeze	43	35	....	21	11	8	1	....	1

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
33	14	..	Anæmia, 2; defective neck, 2. pulmonary, 2; cardiac, 1	5	..	1	....	Chicken-pox, 4; German measles, 27; whooping-cough, 18	Adequate.....	Adequate.
61	17	....	Anæmia, 1; bronchitis, 1; hemophilia, 1	3	....	1	...	Chicken-pox, 14; German measles, 68; whooping-cough, 58	Good.....	Yes.
6	5	....	Defective speech, 2	2	.....	.....	....	German measles, 14; whooping-cough, 2	Adequate.....	Adequate.
30	1	13	....	....	....	....	....	....	Good.....	Yes.
23	...	7	Defective palate, 1; congenital hip, 1	....	....	...	....	... .	"	"
39	18	3	Cardiac, 4; otitis media, 1....	...	....	....	...	.. ..	Fair	Fair.
25	10	2	Cardiac, 2	....	....	....	....	. . ..	Good.....	Yes.
3	....	1	Nervous disease, 1	....	....	....	....	.....	"	"
86	7	5	Vaccinated, 72; cardiac, 5; lung, 2	....	....	....	....			
172	3	15	Vaccinated, 66; cardiac, 4; lung, 1	....	....	....	....			
38	12	14	Vaccinated 25; cardiac, 7.....	....	....	....	....			
53	15	7	Vaccinated, 30; cardiac, 6; lung, 1	....	....	3	1			
85	2	11	Vaccinated, 63; cardiac, 7; lung, 2	....	....	....	....			
121	4	16	Vaccinated, 115; cardiac, 8; lung, 1	2	....	1	....			
73	15	8	Vaccinated, 29; cardiac, 2; lung, 1	1	1	2	....			
50	5	....	Vaccinated, 14; cardiac, 7.....	...	10	5	....			
189	31	33	Vaccinated, 168; cardiac, 19; lung, 12	....	1	....	....			
112	28	21	Vaccinated, 94; cardiac, 10; lung, 6	3	....	...	1			
169	9	23	Vaccinated, 72; cardiac, 9; lung, 2	....	3	4	...			
49	10	12	Vaccinated, 56; cardiac, 2; lung, 2	....	....	....	1	Communicable diseases in children of school age in Vancouver City :—		
49	19	13	Vaccinated, 75; cardiac, 4; lung, 4	1	....	....	....			
140	3	14	Vaccinated, 53; cardiac, 7; lung, 2	....	....	1	....	Chicken-pox.... 287		
151	11	21	Vaccinated, 45; cardiac, 8.....	2	....	2	1	Diphtheria.. .... 21 Measles..... 67	Good.....	
92	24	27	Vaccinated, 63; cardiac, 7; lung, 3	2	1	4	....	Mumps..... 493 Scarlet fever.... 32		
52	21	13	Vaccinated, 53; cardiac, 6; lung, 12	2	....	....	....	Whooping-cough 51		
81	4	8	Vaccinated, 40; cardiac, 1. ..	3	1	1	....	Infantile paralysis 3		
110	7	8	Vaccinated, 66; cardiac, 5; lung, 1	1	1	1	...			
124	3	8	Vaccinated, 50; cardiac, 3.....	....	....	....	....			
118	22	16	Vaccinated, 66; cardiac, 13; lung, 1	1	....	1	....			
148	5	13	Vaccinated, 44; cardiac, 5....	1	3	....	....			
180	3	22	Vaccinated, 49; cardiac, 8, lung, 1	....	1	2	1			
188	20	21	Vaccinated, 193; cardiac, 13; lung, 1	1	1	....	...			
121	16	13	Vaccinated, 84; cardiac, 13; lung, 9	4	....	2	...			
157	20	20	Vaccinated, 41; cardiac, 11; lung, 8	2	1	2	....			
202	22	21	Vaccinated, 135; cardiac, 8....	11	1	3	....			
95	20	8	Vaccinated, 64; cardiac, 8; lung, 6	...	....	...	1			
14	2	2	Vaccinated, 5.....	....	....	....	...			

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver, North:											
Lonsdale	E. A. Martin		294	290	....	....	4	2	3	36	45
Queen Mary	"		381	380	1	....	15	....	3	25	63
Ridgeway	"		378	375	2	1	6	....	8	37	65
Victoria:											
Bank Street	H. J. Wasson	M. Grimmer	148	151	....	....	2	....	3	1	22
Beacon Hill	"	"	125	141	....	....	5	1	2	2	23
Burnside	"	"	205	198	2	1	3	1	2	2	27
Central, Boys	"	"	363	369	....	2	6	....	1	....	21
Central, Girls	"	"	408	415	....	....	10	....	....	3	24
Cook Street	"	"	25	25	....	....	....	....	....	....	....
Fernwood	"	"	56	67	3	....	2	....	1	3	18
George Jay	"	"	331	332	1	....	5	1	6	1	32
Kingston Street	"	"	168	173	1	....	1	3	5	7	29
King's Road	"	"	106	93	1	1	....	....	....	....	12
Margaret Jenkins	"	"	203	202	....	....	3	1	....	1	17
North Ward	"	"	309	278	1	....	4	2	4	....	21
Oaklands	"	"	285	324	....	....	3	1	3	2	25
Quadra	"	"	249	271	3	2	4	....	4	....	23
Sir James Douglas	"	"	310	302	1	..	14	....	....	3	34
South Park	"	"	298	315	1	1	8	....	6	1	9
Special	"	"	13	13	....	5	....	....	....	....	2
Spring Ridge	"	"	136	130	....	1	....	1	2	2	17
Victoria West	"	"	330	351	4	1	5	....	7	1	32
School Board Office	"	"	....	47	....	....	3	....	....	....	7

RURAL MUNICIPALITY

Burnaby:											
Armstrong Avenue	Geo. de B. Watson		30	30	....	....	....	....	....	..	4
Barnet	E. J. Foster		16	12	....	....	....	....	....	1	1
Douglas Road	Geo. de B. Watson		25	25	....	....	3	....	..	....	4
Edmund Street	"		304	304	....	....	18	2	....	1	29
Gilmore Avenue	E. J. Foster		424	402	....	1	35	5	30	47	52
Hamilton Road	Geo. de B. Watson		25	25	....	....	....	....	....	....	3
Inman Avenue	W. G. Morris		92	98	1	2	6	1	4	2	23
Kingsway, East	Geo. de B. Watson		73	70	....	....	4	2	....	2	7
Kingsway, West	W. G. Morris		288	249	3	1	28	5	9	....	44
Nelson Avenue	"		116	110	1	....	18	2	7	2	9
Riverway, East	"		49	54	2	....	6	....	3	2	6
Schou Street	E. J. Foster		49	43	....	....	6	....	4	7	7
Second Street	Geo. de B. Watson		27	27	....	....	....	....	....	1	3

SCHOOLS—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
68	3	3	Chorea, 1; kyphosis, 1	...	...	....	2	Measles	Good	Yes.
96	2	1		....	....	....	....	Measles	"	"
85	1	....		2	....	....	....	Measles	"	"
6	10	1		3	....	2	2	Vaccinated, 91; unvaccinated, 87	Satisfactory	"
6	10	....		....	2	1	1	Vaccinated, 71; unvaccinated, 61	"	"
14	14	2	Asthma, 1	3	....	4	1	Vaccinated, 135; unvaccinated, 103	"	"
32	14	...		5	3	8	....	Vaccinated, 247; unvaccinated, 152	"	"
22	7	7	Eczema, 1; anæmic, 2; catarrh, 1	11	6	4	2	Vaccinated, 311; unvaccinated, 142	"	"
2	....	....		....	....	1	2	Vaccinated, 16; unvaccinated, 12	"	"
5	9	1	Anæmic, 1	....	3	....	....	Vaccinated, 37; unvaccinated, 46	"	"
26	3	17	Harelip, 1	10	3	8	....	Vaccinated, 223; unvaccinated, 148	"	"
14	15	1		5	1	....	2	Vaccinated, 116; unvaccinated, 76	"	"
5	12	....	Mongolian, 1; tubercular gland, 1	12	2	1	2	Vaccinated, 94; unvaccinated, 36	"	"
14	5	....	Anæmic, 1; exophthalmic, 1	....	2	7	3	Vaccinated, 122; unvaccinated, 104	"	"
28	8	6		11	3	....	...	Vaccinated, 158; unvaccinated, 132	"	"
29	24	5		1	....	2	2	Vaccinated, 164; unvaccinated, 190	"	"
21	7	3	Cleft palate, 1; bronchitis, 1	8	...	2	1	Vaccinated, 162; unvaccinated, 158	"	"
13	21	4		2	3	9	2	Vaccinated, 228; unvaccinated, 131	"	"
24	5	3	Acne, 1; tropic rhinitis, 1; anæmic, 2; partial paralysis, 1	2	1	2	....	Vaccinated, 217; unvaccinated, 135	"	"
3	....	....		...	...	....	..	Vaccinated, 9; unvaccinated, 5	"	"
8	11	1	Defective speech, 1; thyroid, 1	4	....	2	3	Vaccinated, 97; unvaccinated, 69	"	"
59	28	11		15	1	4	4	Vaccinated, 205; unvaccinated, 159	"	"
3	3	1	Stutter, 1; partial paralysis, 1	....	....	....	....	Vaccinated, 9; unvaccinated, 5	"	"

SCHOOLS.

14	1	....	Rhinitis, 2; nasal defects, 2	....	2	1	....	Measles, 1	Good	Yes.
....	....	1	Seborrhœa, 3	....	....	....	....	Mumps, 2; measles, 2	"	"
6	2	....	Bronchial catarrh, 2; wax in ears, 1; rhinitis, 2; nasal defects, 1	....	....	....	....	Chicken-pox, 2	"	"
107	37	....	Seborrhœa, 1; uncleanliness, 5; bronchial catarrh, 2; wax in ears, 7; rhinitis, 5; nasal defects, 4	2	....	4	3	Chicken-pox, 2; measles, 87; mumps, 105	"	"
70	51	7	Nervous, 1; seborrhœa, 5; blepharitis, 7; ichthyosis, 1	2	....	...	....	Chicken-pox, 21; mumps, 34; measles, 54	"	"
4	2	...	Wax in ears, 2; bromidrosis, 1	....	....	....	....		"	"
30	1	...		....	....	3	10	Measles, 21	"	"
19	7	....	Uncleanliness, 1; wax in ears, 1; rhinitis, 1; nasal defects, 3	....	....	....	....	Measles, 1	"	"
67	8	....	Cardiac, 3; blepharitis, 5	1	....	1	....	Measles, 21; diphtheria, 1	"	"
32	4	...	Chorea, 1; seborrhœa, 2; blepharitis, 2; strabismus, 1	....	....	....	..		"	"
16	1	2	Cardiac, 1	....	....	....	....		"	"
8	12	1		....	....	....	....	Chicken-pox, 3; mumps, 4; measles, 8	"	"
7	....	....	Conjunctivitis, 1	....	....	....	....	Measles, 4; mumps, 8	"	"

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Chilliwack:											
Atchelitz	J. C. Henderson		66	57	....	....	2	....	1	3	8
Camp Slough	J. C. Elliott		35	36	2	1	1	3	5	2	4
Cheam	"		58	59	3	1	2	5	3	5	8
Chilliwack, East	"		44	41	1	...	2	3	2	5	6
Fairfield Island	J. C. Henderson		41	39	....	....	....	....	....	4	10
Lebbiniere	"		64	60	1	...	1	....	1	8	10
Parson's Hill	"		9	9	....	1	....	....	....	1	1
Promontory	"		11	15	....	....	1	....	....	1	1
Rosedale	J. C. Elliott		90	84	2	1	3	5	8	4	7
Sardis	J. C. Henderson		115	103	...	1	2	1	2	7	9
Strathcona	"		43	41	....	....	....	....	....	4	5
Sumas	"		10	8	....	....	1	....	....	1	2
Vedder	"		15	14	1	...	1	...	....	1	2
Yarrow	"		8	6	....	....	....	....	....	....	....
Cowichan, North:											
Maple Bay	W. Dykes		....	4	....	....	....	....	....	....	....
Quamichan	"		....	11	....	....	1	....	....	....	1
Somenos	"		....	8	....	1	....	1	....	....	4
Somenos Station	"		....	9	....	1	....	....	....	2	1
Delta:											
Annieville	A. A. King		55	38	1	....	1	....	....	7	6
Boundary Bay	"		23	20	6	....	2	....	....	6	2
Canoe Pass	"		39	33	6	....	4	2	....	9	9
Delta, East	"		20	16	....	....	2	....	....	2	5
Inverholme	"		12	11	....	....	....	....	....	4	5
Ladner	"		....	122	7	....	14	5	...	27	30
Sunbury	"		18	16	1	....	1	....	..	5	4
Tremant	"		26	24	....	....	2	....	....	4	8
Westham	"		20	19	....	....	4	1	....	6	6
Langley:											
Aldergrove	A. McBurney		60	53	1	...	1	1	4	4	11
Beaver	"		35	24	1	....	3	2	4	1	6
Belmont, Superior	"		102	88	3	1	7	1	6	2	21
Glen Valley	"		25	21	....	....	3	....	2	2	5
Glen Wood	"		17	16	1	....	3	....	....	1	3
Langley, East	"		20	12	....	....	....	1	....	6	2
Langley Fort	"		69	60	3	1	6	1	6	6	8
Langley, Prairie	"		89	76	...	....	3	1	7	4	19
Langley, West	"		15	14	3	....	....	....	....	....	4
Lochiel	"		12	12	....	1	....	1	....	....	2
Milner	"		45	44	1	...	6	2	1	2	8
Otter	"		32	29	1	1	5	...	3	2	9
Patricia	"		27	21	1	1	3	....	3	3	5
Springbrook	"		25	17	....	....	1	1	2	....	4
Maple Ridge:											
Albion	G. Morse		26	20	....	....	....	....	....	....	2
Hammond	"		62	53	1	....	5	....	....	1	9
Haney, Superior	"		10	10	....	....	....	....	....	....	....
Haney	"		58	52	....	....	2	....	....	....	9
Maple Ridge	"		70	59	1	....	7	1	....	2	10
Alexander Robinson	"		45	40	1	...	1	1	..	....	8
Ruskin	"		18	18	....	....	1	....	....	....	3
Webster's Corners	"		28	22	1	....	....	1	....	....	2
Whonnock	"		44	40	2	....	5	....	....	..	4
Yennadon	"		19	19	..	....	1	1	....	....	4
Matsqui:											
Aberdeen	R. H. Port		36	31	1	....	3	1	2	2	3
Bradner	"		43	23	1	....	1	....	3	3	5
Clayburn	"		53	48	..	....	1	1	2	3	6
Dunach	"		19	7	....	....	1	....	1	1	1
Glenmore	"		23	20	3	....	1	1	2	2	4
Matsqui	"		59	53	...	....	3	...	6	6	7
Mount Lehman	"		43	42	2	...	3	....	2	2	6
Peardonville	"		17	12	....	....	1	....	....	....	....
Poplar	"		8	5	....	....	....	....	1	1	....
Ridgedale	"		48	48	....	....	2	1	1	2	3
Oak Bay:											
Monterey	F. T. Stanier	Mrs. Gregg	291	274	....	....	2	2	1	2	11
Willows	"	"	138	126	....	....	2	1	....	1	24

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
9	....	5	.....	....	....	....	....	.....	Good.....	Yes.
18	....	3	Anæmia, 2.....	....	....	....	....	.....	"	Good.
34	....	4	Anæmia, 2; heart lesions, 2...	....	....	5	....	.....	"	"
29	1	3	Anæmia, 3.....	....	4	4	....	.....	Fair.....	"
10	....	3	.....	....	....	....	....	.....	Good.....	Yes.
21	...	10	Cardiac, 1.....	....	....	....	....	.....	"	"
....	....	1	.....	....	....	....	....	.....	"	"
3	....	1	.....	....	....	....	....	.....	"	"
53	2	7	.....	....	....	3	....	.....	"	Fair.
12	....	10	.....	....	....	....	....	.....	"	Yes.
6	....	4	.....	....	....	....	....	.....	"	"
....	....	....	Cardiac, 1	....	....	....	....	.....	"	"
3	....	1	.....	....	....	....	....	.....	"	"
3	....	1	.....	....	....	....	....	.....	"	"
1	....	....	.....	....	....	....	....	Measles, 3	.....	
1	....	....	.....	....	....	....	....	.....	.....	
3	....	....	Tortocollis, 1	....	....	....	....	Measles, 4	.....	
1	....	....	.....	....	....	....	....	Measles, 4	.....	
9	2	...	.....	....	2	3	....	Diphtheria, 1	Good.....	"
5	2	....	.....	....	....	....	....	Scarlet fever, 2.....	"	"
14	....	....	.....	....	....	....	....	.....	"	"
2	....	....	.....	....	....	....	....	.....	"	"
5	1	....	.....	....	....	....	....	.....	"	"
50	8	....	.....	....	5	10	....	Scarlet fever, 1	"	"
9	....	....	.....	....	....	3	....	.....	"	"
4	....	....	.....	....	....	....	....	Mumps, 2.....	"	"
13	1	....	.....	....	....	4	....	.....	"	"
19	2	2	.....	6	....	....	....	Measles, 30; chicken-pox	Good.....	Yes.
10	....	2	.....	....	....	....	....	.....	Crowded	No.
24	2	6	Stammering, 1.....	....	....	....	....	Chicken-pox, 6.....	Good.....	Yes.
9	....	....	.....	....	....	....	....	.....	Poor	"
3	1	2	.....	....	....	....	....	.....	"	Unsatisfactory.
2	....	....	.....	....	....	....	....	.....	Good.....	Yes.
17	3	1	.....	....	....	....	....	.....	"	"
22	1	2	Cleft palate, 1	...	....	....	....	Measles, 5; pink eye, 17.	"	"
6	....	1	Chorea, 1.....	....	....	....	....	.....	"	"
2	...	1	.....	....	....	....	....	.....	Fair.....	"
16	....	....	.....	1	....	1	....	.....	Good.....	"
9	....	2	Myocarditis, 1	....	....	....	....	Measles, 9	"	"
8	....	1	.....	....	....	....	....	.....	"	"
7	...	....	.....	...	....	....	....	.....	"	"
11	1	....	.....	....	....	....	....	Measles, 20	"	Clean.
38	4	2	.....	....	....	....	....	Measles, 3	"	"
3	....	....	.....	....	....	....	....	.....	"	"
36	2	..	.....	....	....	....	....	.....	"	"
40	2	...	.....	....	....	....	....	Measles, 2	"	"
28	2	....	.....	....	....	....	....	.....	"	"
18	....	1	Cardiac, 2.....	....	....	1	...	.....	"	"
15	3	....	.....	....	....	....	....	.....	"	"
28	4	1	.....	....	....	....	....	.....	"	"
11	2	....	.....	....	....	....	....	.....	"	"
5	....	1	.....	4	....	....	....	Chicken-pox, 15.	Crowded	Yes.
6	....	1	Chronic eczema, 1; rheumatism, 1	....	....	....	....	Mumps, 13; whooping-cough, 6	Good.....	"
8	....	....	.....	....	....	10	....	.....	"	No.
....	....	....	Rheumatism, 1; paralysis, hand, 1	...	....	....	....	Mumps, 6	"	Yes.
3	....	....	.....	....	....	....	....	Measles, 1	"	"
6	1	6	.....	....	....	....	....	.....	Poorly heated.....	No.
4	....	....	.....	....	....	....	....	Mumps, 3; whooping-cough, 2	Good.....	Yes.
2	...	....	.....	....	....	....	....	.....	"	"
2	....	....	.....	....	....	....	....	Mumps, 4.....	"	"
6	....	6	.....	....	....	....	....	Typhoid fever, 2	"	No.
73	8	3	Paresis, 1; appendicitis, 2; abnormal soft palate; cardiac; stammering, 1	3	3	....	....	Measles, 23; diphtheria, 1; scarlet fever, 1; rheumatism, 1; rotheln, 20	"	Yes.
43	12	3	Nervous, 2; defectives, 4; orthopædic, 1; anæmia, 1	....	4	2	....	Measles, 3; varicella, 13, rotheln, 10	Fair.	Fair.

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Peachland:											
Public	Wm. Buchanan		70	56	....	....	21	....	....	....	8
Trepanier	"		20	16	....	....	1	....	....	....	....
Pitt Meadows:											
Pitt Meadows	G. Morse		32	29	1	....	2	....	....	....	6
Richardson	"		8	8	....	....	1	....	....	....	1
Point Grey:											
Ebburne	A. Lowrie		262	259	8	7	18	8	13	9	15
Kerrisdale	"		167	166	13	3	18	4	9	10	25
Lord Kitchener	"		86	86	6	2	17	6	12	6	16
Magee	"		158	156	10	6	15	4	23	17	27
Queen Mary	"		161	160	10	2	10	5	11	12	23
Shaughnessy	"		263	251	21	15	19	10	21	23	28
Saanich:											
Cedar Hill	C. Denton Holmes	Miss Headington / Miss Ellis	89	72	7	1	3	2	2	2	8
Craigflower	"	Ditto	86	72	6	3	3	3	2	2	6
Gordon Head	"	"	47	40	6	2	1	....	....	....	1
North Dairy	"	"	65	49	3	....	2	....	2	2	6
Mackenzie Avenue	"	"	115	96	12	2	1	1	7	6	22
Prospect	"	"	21	16	3	....	....	....	1	1	3
Quadra Street	"	"	39	28	7	2	....	....	1	....	5
Royal Oak	"	"	51	45	8	1	1	....	1	1	6
Saanichton	"	"	37	32	4	....	....	....	1	2	6
Saanich, West	"	"	59	36	4	....	1	....	....	....	4
Strawberry Vale	"	"	54	53	9	1	1	....	4	3	6
Tillicum	"	"	139	105	12	2	5	3	3	7	12
Tolmie	"	"	373	336	56	13	10	7	21	23	48
Model	C. P. Higgins	"	80	74	....	....	3	....	2	4	7
Sumas:											
Huntingdon	T. A. Swift		38	38	7	....	4	1	....	6	4
Straiton	"		8	6	....	....	....	....	....	....	2
Summerland	F. W. Andrews		151	151	5	....	16	4	18	35	47
Vancouver, North:											
Capilano	E. A. Martin		53	53	..	....	1	....	1	2	12
Keith Lynn	"		45	45	....	....	1	1	2	3	8
Lynn Valley	"		215	210	1	1	6	2	5	22	40
North Star	"		118	115	....	1	6	....	2	6	15
Roche Point	"		22	22	....	....	....	....	2	4	6
Vancouver, South:											
Carleton	L. O. Griffin	H. Bone	477	411	12	1	8	10	12	15	84
Champlain	"	"	22	12	....	....	1	1	....	3	6
Connaught	"	"	64	46	2	....	1	5	3	4	12
General Brock	"	"	284	257	3	....	7	6	3	8	56
General Wolfe	"	"	518	476	11	....	13	32	21	9	96
Lord Selkirk	"	"	703	598	13	....	17	20	22	11	116
Moberley	"	"	273	238	6	2	5	11	6	7	61

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate
13	....	50	.....	....	....	....	....	....	Satisfactory	Yes.
2	....	14	....	....	....	....	....	.....	"	"
25	1	....	....	...	....	....	....	.....	Good.....	Clean.
5	....	....	....	....	....	....	....	....	"	"
54	8	14	Nervous, 3; orthopædic, 3; cardiac, 1; pulmonary, 2	4	....	29	11	Mumps, 1; measles, 33; chicken-pox, 20; jaundice, 5	"	Yes.
36	15	31	Cardiac, 3; nervous, 1; skin, 1; pulmonary, 1	....	....	....	10	Measles, 23; mumps, 5; chicken-pox, 3; scarlet fever, 1	"	"
28	11	8	Cardiac, 3; orthopædic, 1	....	....	....	....	Measles, 7; mumps, 33..	"	"
29	9	17	Skin, 3; pulmonary, 3; orthopædic, 1; cardiac, 2	....	....	....	1	Scarlet fever, 1; mumps, 32; measles, 9	"	"
33	9	26	Cardiac, 1; pulmonary, 2; skin, 1; orthopædic, 1	1	....	6	....	Mumps, 2; measles, 23; chicken-pox, 2	Excellent.....	"
49	21	33	Cardiac, 6; orthopædic, 1; pulmonary, 1; nervous, 2	2	....	1	1	Measles, 11; mumps, 5; consumption, 2	Crowded	"
15	7	2	.....	....	....	....	2	Diphtheria, 2; measles, 5	Satisfactory.....	"
23	2	2	Heart, 1.....	....	....	....	....	Diphtheria, 1; scarlet fever, 2	"	"
13	4	1	Acne, 1; nervous, 1.....	....	....	....	....	Mumps, 2; measles, 4...	"	"
11	3	1	....	....	....	..	..	Measles, 7	"	"
39	12	1	....	....	....	....	....	Whooping-cough, 14....	"	"
9	3	1	....	....	....	2	....	Measles.	"	"
13	4	....	....	....	.	....	....	Measles, 5	Temporary bldg...	"
8	4	1	....	....	....	....	....	....	Satisfactory.....	"
14	3	1	.....	...	....	....	....	....	"	"
11	2	1	.....	....	....	....	....	Measles, 4	"	"
14	4	6	Acne, 1.....	....	....	....	....	Whooping-cough, 7; measles, 3	"	"
37	9	3	....	....	....	....	....	Chicken-pox, 2; measles, 8; whooping-cough, 3	"	"
102	28	9	....	....	....	....	....	Measles, 44; scarlet fever, 23	"	"
7	....	....	Chorea, 1.....	....	....	....	....	.....	"	"
26	9	1	.....	....	....	....	....	Vaccinations, 9.....	Frame.....	Sanitary.
....	....	....	.....	....	....	....	....	Vaccination, 1.....	.....	.....
25	23	....	Pulmonary, 2; eczema, 1; cardiac, 1	....	....	....	....	German measles, 44; chicken-pox, 6	Good.....	Good.
12	....	....	....	....	....	....	....	Measles and chicken-pox	"	Yes.
13	1	....	....	....	....	....	....	Measles and chicken-pox	"	"
65	....	1	Cardiac lesions, 2	....	....	....	....	Measles and chicken-pox	"	"
30	..	1	.....	....	....	....	....	Measles and chicken-pox	"	"
7	....	....	....	....	....	....	....	Measles and chicken-pox	"	"
276	32	3	Cardiac, 2; chorea, 1....	11	2	2	....	German measles, 63; mumps, 8; whooping-cough, 11; chicken-pox, 4; conjunctivitis, 1	Fair.....	"
10	1	....	.....	....	....	....	....	German measles, 12; whooping-cough, 1; chicken-pox, 1	Good.....	"
31	2	....	Cardiac, 1	2	....	....	....	Chicken-pox, 2; German measles, 19; measles, 1	"	"
173	15	17	Cardiac, 5; orthopædic, 2.....	12	....	2	....	Diphtheria, 1; whooping-cough, 10; mumps, 2; German measles, 22; measles, 1	"	"
337	33	44	Pulmonary, 5; cardiac, 4.....	9	5	1	1	German measles, 53; measles, 4; whooping-cough, 5; rheumatic fever, 1; scarlet fever, 1; mumps, 5	Fair	"
429	41	13	Orthopædic, 1; pulmonary, 1; cardiac, 2	11	....	1	1	German measles, 97; measles, 3; mumps, 31; whooping-cough, 5; chicken-pox, 25; scarlet fever, 2	"	"
163	11	2	Cardiac, 3; orthopædic, 1.....	15	....	7	....	German measles, 23; mumps, 3; whooping-cough, 11	"	"

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vancouver, South—*Concluded*:											
McBride	L. O. Griffin	H. Bone	437	432	1	....	27	24	51	52	94
Mackenzie	"	"	576	501	11	....	13	25	9	17	83
Norquay	"	"	240	203	4	....	7	5	8	6	42
Second	"	"	105	95	....	3	2	5	3	18	27
Sexsmith	"	"	123	107	3	...	3	4	3	3	13
Tecumseh	"	"	532	482	9	2	14	18	9	15	64
Van Horne	"	"	260	206	2	....	5	8	8	3	32

RURAL AND ASSISTED

Abbotsford	T. A. Swift		26	25	1	....	1	....	3	3	3
Ainsworth	G. C. Read		....	21	....	....	1	....	...	1	4
Albert Canyon	J. H. Hamilton		14	13	...	...	...	...	...	...	1
Albert Head	C. P. Higgins		16	13	...	...	1	....	1	1	1
Alert Bay	A. W. McCordick		21	17	....	1	1	....	...	...	3
Alexandria	S. E. Mostyn Hoops		8	6	....	....	1	....	....	....	....
Alice Siding	G. B. Henderson		12	9	....	....	....	....	....	....	1
Allen Grove	H. McEwen		7	7	....	....	....	....	1	1	1
Annable	J. Bain Thom		7	7	....	....	....	....	....	1	1
Arrowhead	J. H. Hamilton		20	18	....	....	....	....	....	....	3
Arrow Park, East	E. H. S. McLean		24	22	....	....	....	....	2	2	6
Arrow Park, West	"		13	11	....	1	1	....	1	1	6
Asheroft	R. Wightman		57	55	....	....	1	....	5	5	5
Ashton Creek	H. M. Keith		11	7	....	....	....	....	....	....	2
Aspen Grove	J. J. Gillis	Franklin von Gouder	10	10	1	....	2	....	4	4	5
Athalmer	P. W. Turnor		10	8	....	...	2	2	....	....	5
Balfour	G. C. Read		....	18	11	....	2	....	....	1	4
Balmoral	Walter Scatchard		24	14	14	....	....	....	....	1	3
Barkerville	M. Callanan		12	12	....	....	....	....	....	....	....
Barnston Island	G. Morse		20	14	1	....	1	....	....	2	2
Barriere River	G. W. Irving		13	12	....	....	1	....	....	1	....
Barriere Power House	"		6	6	....	....	....	....	....	....	....
Baynes Lake	B. E. Church		31	24	....	....	3	....	....	....	5
Beaton	J. H. Hamilton		11	11	....	....	....	....	....	....	2
Beaver Creek	C. T. Hilton		14	12	....	....	2	....	....	1	3
Beaver Point	E. M. Sutherland		20	15	1	....	....	....	....	....	4
Begbie	J. H. Hamilton		21	14	....	....	....	....	1	1	1
Belford	W. H. Willson		12	12	....	....	....	....	....	....	....
Bella Coola	E. M. Sutherland		24	20	....	....	....	1	5	5	4
Beresford	R. W. Irving		27	24	....	....	1	....	....	....	2

SCHOOLS—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
233	33	5	Cardiac, 2; orthopædic, 1.....	18	....	3	....	German measles, 48; measles, 19; mumps, 26; whooping-cough, 8; diphtheria, 1; chicken-pox, 8	Fair.....	Yes.
336	49	11	Cardiac, 3.....	7	....	....	12	German measles, 46; measles, 3; mumps, 18; whooping-cough, 16; chicken-pox, 12; scarlet fever, 2; rheumatic fever, 1	Good.....	"
166	11	4	Cardiac, 1.....	3	....	....	....	German measles, 22; mumps, 2; whooping-cough, 2; chicken-pox, 5; rheumatic fever, 1; measles, 23; scarlet fever, 7	"	"
64	8	2	Cardiac, 1.....	....	.. .	1	....	Whooping-cough, 6; German measles, 33	"	"
64	5	2	....	2	1	...	....	Whooping-cough, 2; German measles, 1; chicken-pox, 6	"	"
321	55	11	Pulmonary, 4; cardiac, 5; orthopædic, 2; chorea, 1	8	....	2	1	German measles, 69; measles, 1; whooping-cough, 6; mumps, 3; Chicken-pox, 19; conjunctivitis, 6; rheumatic fever, 1	Fair	
119	19	4	Cardiac, 3.....	5	...	1	....	German measles, 16; measles, 4; whooping-cough, 15; mumps, 23; chicken-pox, 12; scarlet fever, 1	"	"

SCHOOLS.

8	....	....	....	....	....	....	....	.....	Good....	Sanitary; clean.
7	....	3	....	....	2	....	....	.....	....	
6	....	1	.....	....	....	....	....	....	Good.....	Yes.
2	....	....	....	....	....	....	....	....	Poorly lighted....	"
13	....	....	Mentally deficient, 1	....	....	....	....	....	Old; poor repair..	Not sufficient.
2	....	....	....	....	....	....	....	....	Satisfactory.....	One, clean and adequate.
....	....	2	....	....	....	....	....	Measles	Good.	Yes.
3	1	....	.....	....	....	..	....	... .	"	"
3	....	....	.....	....	....	....	....	.....	Fair	Fair.
9	....	6	.....	....	....	....	....	.....	Good.....	"
13	4	4	Nervous trouble, 1; club-foot, 1; hip-disease, 1	....	....	....	....	....	Fair.....	"
2	....	4	....	....	....	....	....	....	"	"
17	2	2	....	....	....	..	...	Whooping-cough.....	Good.....	Good.
4	....	....	.....	....	....	....	....	....	"	Clean and adequate.
3	5	2	....	....	....	....	....	....	Well ventilated; not well heated	Clean but small.
9	....	2	....	....	....	...	....	.....	Good.	Good.
5	2	3	....	....	....	....	....	.....	.....	
7	....	7	....	....	....	....	....	.....	Log	4 pits.
....	....	....	....	....	....	....	....	.....	.....	One, another recommended.
5	....	....	.....	....	....	....	...	Measles, 3	Good.....	Clean.
2	....	....	Mitral regurgitation, 1.....	....	....	....	....	....	Satisfactory	"
3	....	....	....	....	....	....	....	....	"	Clean.
15	....	....	....	....	....	....	....	....	Good.....	Good.
....	....	5	.....	....	....	....	....	.....	"	Yes.
3	....	....	Anæmia, 2.....	....	....	....	....	Whooping-cough	Satisfactory	"
5	2	1	....	....	....	....	....	Measles.....	Satisfactory; no water-supply	No.
3	....	....	....	....	....	....	....	.....	Fair	Yes.
1	....	3	.....	....	....	....	....	Measles	Good.....	Good.
7	8	3	....	....	....	....	....	Chicken-pox.....	"	"
2	....	....	.....	....	....	....	....	.....	Healthful.....	Clean and adequate.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Berrydale	W. Truax		7	7	....	....	....	....	....	....	1
Bevan	G. K. MacNaughton		62	58	1	....	1	1	14	3	22
Big Eddy	J. H. Hamilton		31	28	....	....	....	....	....	....	4
Black Pines	H. H. Murphy		18	12	....	....	1	....	1	1	5
Blind Bay	Walter Scatchard		10	9	....	....	....	....	....	....	1
Blueberry	J. Bain Thom		5	5	....	....	....	....	....	1	1
Boston Bar	H. R. Fort		9	8	2	1	3	1	2	1	1
Boswell	G. B. Henderson		12	12	....	....	....	....	....	....	....
Bowen Island	F. Inglis		14	8	4	2	3	....	....	2	1
Bowie	J. H. Hamilton		14	13	....	1	....	....	....	....	2
Bowser	H. E. Langis		6	3	....	....	....	....	....	....	....
Box Lake	E. H. S. McLean		22	22	....	....	2	....	2	2	7
Brechin	T. J. McPhee	Miss C. Collishaw	95	94	....	....	1	....	3	2	13
Brisco	P. W. Turnor		14	12	....	1	..	1	....	....	6
Britannia Beach	Gordon Burke		104	128	....	....	8	1	....	42	41
Bull River	Greene V. MacKinnon		35	32	1	..	6	....	2	....	8
Burgoyne Bay	E. M. Sutherland		26	24	....	....	....	....	1	1	6
Burton City	E. H. S. McLean		20	15	....	....	....	....	....	....	5
Cache Creek	R. Wightman		12	12	1	....	....	....	1	1	1
Cahilty	M. G. Archibald		7	7	....	....	....	....	....	1	1
Caithness	B. E. Church		18	9	....	....	....	....	....	....	1
Campbell Creek	H. H. Murphy		16	12	..	....	1	....	....	....	2
Campbell Range	R. W. Irving		10	9	....	....	....	....	....	1	1
Campbell River	W. F. Shaw		....	17	1	..	4	....	....	2	2
Canford	J. J. Gillis	Miss Brome	31	25	8	4	7	10	12	9	15
Canyon City	G. B. Henderson		35	33	..	....	3	....	3	....	1
Caribou	W. S. Rhycard		7	4	....	....	1	....	....	....	....
Cartier	J. H. Hamilton		26	18	....	..	....	....	1	1	3
Castlegar	W. H. Willson		27	25	....	....	....	....	....	....	....
Castle Rock	S. E. Mostyn Hoops		9	8	..	....	....	....	....	1	1
Cawston	Robert Elliot		19	18	....	....	2	....	2	1	1
Cedar, East	T. J. McPhee	Miss C. Collishaw	9	8	....	....	....	....	....	1	....
Cedar, North	"		60	55	....	1	....	....	3	6	12
Cedar, South	"		32	32	..	....	1	....	1	1	1
Chase	Walter Scatchard		72	66	....	....	2	....	....	3	10
Chase River	T. J. McPhee		71	62	....	....	1	....	3	3	9
Chemnox	No report for 1917-18.										
Cherry Creek	C. T. Hilton		14	12	....	....	4	....	....	....	3
Chilco	W. Ross Stone		12	10	....	....	....	....	3	3	4
Christina Lake	W. Truax		6	6	....	....	....	....	....	....	....
Chu Chua	H. H. Murphy		14	10	....	....	....	....	....	....	2
Clayequot	D. S. Dixson		13	13	....	....	....	....	....	....	1
Coal Creek	W. Workman		103	99	5	3	4	10	4	6	8
Cobble Hill	W. Dykes		....	17	....	....	....	....	....	....	3
Columbia Gardens	J. Bain Thom		17	17	....	....	2	1	2	2	3
Colwood	A. E. McMicking		26	13	....	....	1	....	....	1	3
Concord	J. C. Elliott		12	11	....	....	....	2	....	....	....
Cowichan Station	W. Dykes		....	38	1	....	3	..	....	....	4
Craigellachie	J. H. Hamilton		14	12	....	....	....	....	....	....	2
Cranberry Marsh	E. M. Sutherland		15	14	....	....	....	....	1	1	3
Crawford Bay	G. C. Read		....	22	1	....	2	1	....	3	6
Crawford Creek	J. H. Hamilton		8	5	....	....	....	....	1	1	1
Crescent Valley	W. H. Willson		....	23	....	....	....	....	....	....	....
Creston	G. B. Henderson		127	126	....	....	10	....	....	10	10
Cultus Lake	J. C. Elliott		11	9	....	....	....	....	2	....	2
Deep Cove	A. E. McMicking		26	20	....	....	....	....	1	1	1
Deep Creek	H. M. Keith		21	16	....	....	1	....	1	....	3
Deer Park	J. E. H. Kelso		12	12	....	....	2	....	1	1	2
Demars, West	E. H. S. McLean		9	6	....	....	....	....	....	....	....
Denman Island	H. Meadows		50	46	....	....	1	....	....	....	4
Departure Bay	T. J. McPhee	Miss C. Collishaw	19	19	....	....	....	....	1	1	1

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
1	....	....	....	....	....	....	....	....	Rather poor bldg..	Fair.
46	11	12	Orthopædic, 1; blepharitis, 1; otitis media, 1	....	....	....	....	Chicken-pox; whooping-cough	Needs cleaning....	Clean and adequate.
12	....	....	....	....	....	....	....	....	Good.....	Yes.
2	....	....	Scalp seborrhœa, 1; pulmonary tuberculosis, 1	....	....	....	....	....	Satisfactory.....	"
6	....	4	....	....	....	....	....	....	Wood.....	4 pits.
2	....	....	....	....	....	....	1	....	Average.....	Fair.
6	2	1	Orthopædic defects, 2.....	....	....	.	....	Poliomyelitis, 1.....	"	Yes.
2	....	4	....	....	....	....	....	....	Poorly seated.....	"
4	....	....	....	....	....	....	....	....	Ventilation good..	Not kept in good order.
3	....	5	....	....	....	....	....	....	Good.....	Yes.
....	....	....	....	....	....	....	....	....	"	Clean.
8	2	4	Orthopædic, 1	....	....	....	....	....	Rather crowded...	Fair.
13	31	....	....	....	....	....	....	....	Good.....	Divs. 1 & 2 good, Div. 3 crowded.
2	....	....	....	....	....	....	....	....	Fair.....	Fairly so.
77	3	7	Nervous, 2; heart trouble, 3..	....	....	....	....	Measles; chicken-pox; mumps; whooping-cough	Good; townsite crowded	Good.
13	....	8	....	....	....	1	....	....	Good.....	Yes.
4	2	....	Cardiac, 1.....	....	....	....	....	....	Satisfactory; no water-supply	No.
6	....	2	....	....	....	....	....	....	Good.....	Good.
....	1	1	....	....	....	....	....	....	"	"
2	....	....	....	....	....	....	....	....	"	Clean and adequate.
7	....	....	....	....	....	....	....	....	Cold and draughty; windows fit badly	Very fair.
2	....	2	....	....	....	....	....	....	Satisfactory	Need repairs.
....	....	....	....	....	....	....	....	....	"	Yes.
10	....	....	Orthopædic defect, 1.....	....	....	....	....	....	Good.....	"
16	14	10	....	....	....	2	3	....	Poorly ventilated and crowded.	Too small.
4	..	5	Blepharitis, 1.....	....	....	....	....	Measles	.....	Yes.
2	1	....	....	....	....	....	....	....	Good.....	"
3	....	4	....	....	....	....	....	....	"	Bad.
10	1	4	Pulmonary tuberculosis, 1.....	....	....	....	....	Whooping-cough..	"	Good.
2	....	....	....	....	....	....	....	....	Satisfactory.	One clean and adequate.
6	....	7	....	....	....	....	....	Measles, 10.....	First-class	Clean.
2	....	1	....	....	....	....	....	....	Good	Good.
14	....	....	....	....	....	....	....	....	Crowded	"
1	....	....	....	....	....	....	....	....	Good.....	"
35	1	21	....	....	....	....	....	....	Painted wood.....	Automatic flushing.
15	1	1	....	....	....	1	1	....	Good.....	Good.
3	....	....	Anæmia, 2.....	....	....	....	....	....	Satisfactory	Yes.
5	....	1	....	....	....	....	....	....	Good.....	One clean.
2	....	....	....	....	....	....	....	....	"	Good.
6	....	....	....	....	....	....	....	....	Satisfactory	Yes.
....	....	....	....	....	....	....	2	....	Good.....	"
21	2	6	Nervous, 2; cardiac, 1; pulmonary, 5 (bronchitis); orthopædic, 1	....	....	....	....	....	"	"
6	1	1	....	....	....	....	....	....	"	Clean.
7	1	1	....	....	....	....	....	....	"	Not clean.
1	....	....	....	....	....	....	....	....	No.....	"
8	....	....	Tongue-tied, 1.....	....	1	....	....	....	Fair.....	Fair.
6	....	3	Rickets, 1	....	....	....	....	....	Good.....	Yes.
1	....	3	....	....	....	....	....	....	"	"
9	....	2	....	....	....	....	....	....	Lighting bad, no water-supply, no cloak-room.	"
11	1	9	....	....	....	....	....	....	.....	....
1	....	4	....	....	....	....	....	....	Good.....	"
....	....	8	....	....	....	....	....	Whooping-cough.....	"	Good.
18	....	3	Eczema, 1	....	....	....	....	Measles.....	.....	Yes.
5	....	....	Anæmia, 2.....	....	....	....	....	....	Fair	Clean.
....	....	1	Cleft palate, 1.....	....	....	....	....	....	Good.....	Good.
4	....	3	....	....	....	....	....	....	"	Yes.
....	5	2	Neurotic, 1; spine trouble, 1..	....	....	....	....	....	"	....
1	1	....	....	....	....	....	....	....	"	Fair.
14	....	....	....	....	....	....	....	....	No.....	Not clean.
3	....	....	....	....	....	....	....	....	Good.....	Good.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Dewdney	H. D. Leitch		32	28	6	....	2	....	....	3	1
Diamond Crossing	A. C. Frost		50	45	....	....	3	1	8	4	14
Devil	E. M. Sutherland		12	2	....	....	....	....	....	....	....
Dragon Lake	G. R. Baker		9	9	....	....	....	....	....	....	1
Duck Range	R. W. Irving		11	10	....	....	1	....	....	....	....
Dunster	W. S. Rhyeard		9	8	....	....	....	1	....	1	1
Edgewood	J. E. H. Kelso		10	10	....	..	2	1	1	2	1
Edith Lake	R. W. Irving	(School closed.)									
Elko	B. E. Church		26	23	....	....	....	....	....	....	3
Ellison	W. J. Knox		27	27	....	1	3	....	2	2	3
Endako	W. Ross Stone		12	10	....	....	....	....	4	4	5
Enderby, North	H. M. Keith		17	15	....	....	1	....	....	....	5
Eriekson	G. B. Henderson		28	25	....	....	2	....	....	2	3
Erie	John Nay	Mrs. Campbell	10	10	....	....	....	....	....	....	5
Errington	H. E. Langis		20	18	....	....	2	....	....	....	1
Extension	P. J. Emerson		92	89	....	....	1	1	1	1	47
Fairview	H. McGregor		9	9	....	....	2	....	2	2	3
Fanny Bay	H. Meadows		23	18	....	....	1	....	....	....	1
Fanpiter	J. E. H. Kelso		10	10	....	....	3	1	....	4	5
Ferguson	J. H. Hamilton		15	13	....	....	....	....	....	....	4
Fife	W. Truax		20	18	....	....	1	....	....	....	3
Fire Valley	J. E. H. Kelso		12	12	....	....	4	....	....	....	....
Fish Lake	R. W. Irving		24	24	....	....	....	1	....	1	4
Flagstone	B. E. Church	(School closed on account of measles.)	34	....	....	....	....	....	....	....	....
Fort Fraser	W. Ross Stone		13	12	....	....	2	....	4	4	6
Fort George	C. Ewert		49	44	1	3	3	..	1	....	9
Fort Steele	Greene and MacKinnon		38	38	....	2	3	....	4	2	7
French Creek	H. E Langis		18	15	1	....	2	1	....	....	1
Fruitlands	Irving and Murphy		55	33	1	....	2	....	....	....	4
Fruitvale	J. Bann Thom		43	43	1	....	3	....	1	3	5
Galena Bay	J. H. Hamilton		11	9	....	....	....	....	....	....	....
Galiano	E. M. Sutherland		11	10	....	....	1	....	....	....	....
Galiano, North	"		13	1	....	....	....	....	....	....	....
Ganges	"		30	25	....	....	1	....	2	3	4
Gill	C. T. Hilton		16	13	....	1	3	....	1	1	1
Gillis Bay	C. F. Bowman		13	10	....	....	2	....	....	....	1
Glenbank	E. H. S. McLean		41	41	2	....	....	1	5	....	12
Glencoe	S. E. Mostyn-Hoops		9	10	....	....	1	....	....	....	....
Glenrosa	Wm. Buchanan		8	7	....	....	....	....	....	1	....
Goldstream	A. E. McMicking		10	9	....	....	....	....	....	....	2
Granby Bay	L. Broe	Miss McTaggart	112	113	6	2	12	2	4	4	27
Graham's Landing	E. H. S. McLean		18	13	....	....	....	....	2	1	4
Grande Prairie	H. H. Murphy		17	13	....	....	....	....	....	....	2
Granite Bay	R. L. Beadles		7	5	....	....	....	....	....	....	2
Grindrod	H. M. Keith		21	13	....	....	2	....	....	....	5
Hall's Landing	J. H. Hamilton		21	19	....	....	....	....	3	3	3
Happy Valley	A. E. McMicking		15	11	....	....	1	....	....	3	4
Harewood	T. J. McPhee	Miss C. Collishaw	279	260	2	1	13	9	24	28	65
Harrop	W. H. Willson		....	14	....	....	1	....	....	....	1
Hat Creek	R. Wightman		8	8	....	....	....	....	....	....	....
Hatzic Prairie	H. D. Leitch		8	8	....	....	....	....	....	....	1
Haysport	R. W. Large		8	7	2	....	1	....	1	....	2
Hedley	Robert Elliot		49	47	1	....	4	1	3	4	5
Hedley Creek	H. H. Murphy	Miss Frame	23	13	....	....	....	....	....	....	2
Hedley Lake	"		6	6	....	....	....	....	....	....	1
Highland	A. E. McMicking		8	7	....	....	....	....	....	1	1
Hilbom	G. R. Baker		9	9	....	....	1	....	....	....	2
Hillier	H. E. Langis		9	8	....	....	....	....	....	....	....
Hope	J. C. Elliott		43	41	....	....	....	3	2	1	4
Hope Station	"		13	13	....	....	....	1	....	....	4
Hornby Island	H. Meadows		8	8	....	....	....	....	....	....	1
Howe Sound	F. Inghs		60	54	17	3	15	1	1	31	6
Hume	W. H. Willson		146	146	1	....	1	....	2	1	2

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify. (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
13	7	6							Well ventilated and heated.	Well ventilated & heated.
32	...	2	Torticollis, 1						Good	Good.
...	...	1						Measles	Satisfactory	Yes.
2	...	1							Good	"
1	...	...							Satisfactory	Satisfactory.
3	...	...							Good	Good.
2	...	...	Pulmonary disease, 1						"	"
14	...	...						Chicken-pox and whooping-cough	Poor ventilation	"
3	.	2	Imbecile, 1; chorea, 1						Good	Yes.
9	...	1							Fairly good	One, clean.
7	...	2							Good	Yes.
6	...	1								"
7	...	...	Cleft palate, 1 club-foot, 1						Fair	"
2	...	...	Coryza, 3		2				Ventilation poor	Clean.
72	...	5	Chorea, 8						Good	Fair.
5	...	2							"	Yes.
...	...	...	Influenza						No	"
2	...	1							Good	Good.
...	...	4							"	Yes.
6	1	...							"	Fair.
1	...	1							Very good	Another required.
...	...	1							Healthful	Not adequate.
...	...	...							Good	Good.
11	...	...							Fairly good	Two, clean.
20	12	5						Typhoid, 2	Good	Clean.
11	...	1							"	Yes.
...	...	...							"	Good.
7	...	1	Congenital syphilis, 1						Satisfactory	Yes.
18	...	2	Chorea, 1; cardiac, 2						Good	Too open.
1	1	1							Excellent	"
1	2	...	Pulmonary, 1						Situation bad; old building; no water, etc.	No.
1	...	...							Fair; lighting bad	Fair.
11	6	...	Pulmonary, 2; cardiac, 1					Scarlet fever, 5	Crowded; lighting and ventilation bad; temporary premises	"
3	...	1	Anæmia, 4						Satisfactory	Yes.
5	...	...	Glass eye, 1						Fair	Require attention.
10	4	6							Good	Average.
2	...	...							Satisfactory	Yes.
...	...	...							"	"
...	...	...							No	"
62	21	11	Nervous, 2; heart, 2; scoliosis, 5; pigeon breast, 1					Typhoid, 1; mumps, 24	Good	"
6	...	3	Bronchial trouble, 1						"	Fair.
7	...	1							Satisfactory	Yes.
3	2	...							Good	"
6	...	4							"	"
5	...	2							"	"
1	...	...							"	"
99	10	1							"	Good.
2	1	6							"	"
4	...	1						Whooping-cough	"	Good.
2	1	...							Well ventilated	Yes.
6	3	...	Tapeworm, 1; anæmia, 2; granular lids, 1			2			Fairly satisfactory	Not clean.
12	1	12						Measles, 12	First-class	Clean.
5	...	...						Scarlet fever, 3	Satisfactory	Yes.
...	...	1							"	Satisfactory.
...	...	...							No	Yes.
...	...	1							Good	"
...	...	...							Heating insufficient	Good.
26	...	3	Anæmia, 1						Good	"
6	...	2							Fair	Poor.
1	...	1							No	Fair.
34	5	...		3					Ventilation good	Yes.
25	1	22						Chicken-pox; measles	Old bldg. crowded; new wing good	Good.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Hazel	H. M. Keith		11	10			2		1		3
Hedrington	B. E. Church		11	6							1
Hesketh	G. B. Henderson		11	9							1
Invermere	P. W. Turner		20	20			2	1			5
Inverness	R. W. Large		18	10					1	1	6
Jaffray	B. E. Church		34	25						1	3
Jordan River	W. D. Calvert		13	11							
Keremeos	H. McGregor		8	8			2		2	3	4
Kelowna	A. W. McCordick		8	7							2
Kelowna	H. G. Williams		12	8			1			1	3
Kootenay	No report 1917-18.										
Kelowna, East	W. J. Knox		18	18			2		2	2	4
Kelowna, North	"		18	18			2		1	1	2
Kelsmere	Robert Elliot		49	46	2		5	2	4	5	6
Kettle River, North	W. Truax		14	11			1				2
Kilkenny	D. McCaffrey		103	100			2				20
Kimberley	Greene and MacKinnon		33	29			1			2	6
Kingsford	H. H. Murphy		11	11			1				1
Lacolla Bay	"		11	9						1	1
Langford	A. E. McMicking		22	18						1	5
Lees Creek	H. H. Murphy		13	12							1
Little Fort			14	11							
Lumo	Greene and MacKinnon		9	9			1		2		2
Long Lake	R. W. Irving		28	25			2			4	4
Lucerne	S. Petersky		20	18			5		2	1	10
Lumby	H. G. Williams		43	39			1		2	2	9
Lytton	H. R. Fort		31	30	4	3	2	4	4	5	5
Maddle Lake	H. G. Williams		14	13		1	2			3	
Malahat	W. Dykes			27			2				3
Malakwa	J. H. Hamilton		24	23		1			2	2	2
Malcolm Island	A. W. McCordick		60	57	1		4	1		2	18
Mapes	W. R. Stone		13	11					3	3	1
Mara	H. M. Keith		44	35			9				6
Marshall	C. F. Donaldson		8	8			1				
Marten Prairie	R. W. Irving		18	16							
Marysville	Greene and MacKinnon		21	17		1	3			1	1
Masset	A. C. Nasin		10	7							
Mayne Island	E. M. Sutherland		24	15					1		2
Meadowbrook	Greene and MacKinnon		6	6							
Meadow Spur	John Nay		9	8				1			3
Meldrum Creek	I. H. Wright		16	13							3
Metchosin	C. P. Higgins		33	22					3	2	3
Metlakatla	R. W. Large		25	24			1		1		9
Mid Creek	J. R. Davies		39	38	1	1	2	2	2	2	11
Mineola	F. W. Andrew		7	6			1				3
Minto	G. K. MacNaughton		51	37	5	2	3		5		4
Mission Creek	W. J. Knox		32	32			2		3	3	5
Model Farm	(School closed.)										
Monte Creek	H. H. Murphy		11	6						2	2
Montrose	H. E. Langis		9	9							
Moyase	Greene and MacKinnon		8	8	1	2	3				
Moyie	"		35	31	1	1	3	1	2	3	5
Macalister	S. E. Mostyn Hoops		7	6			1				
McBride	W. S. Rhycard		21	20			2	1	1	1	2
McGuire	B. E. Church		13	10							4
Nakusp	E. H. S. McLean		60	60	2	2	4	1	14		26
Nanaimo Bay	T. J. McPhee		76	72	1		2	1	6	7	12
Nanoose Bay	H. E. Langis		23	22			1				
Naramata	F. W. Andrew		26	24			2		4	4	4
Nechako	W. R. Stone		8	8	1				2	2	2
Needles	J. E. H. Kelso		15	15						1	1
New Denver	W. E. Gomm		83	81			3		1	1	21
Nickel Plate	Robert Elliot		11	10					1	1	1
Nicola	J. J. Gillis	Miss Edmonds	21	18	4	2	6	3	8	7	10
Nicola, Lower	"	Miss Romilly	24	22	1	5	6	7	9	9	12
Nicomen	H. D. Leitch		20	18					1		2
Nicomen, North	"		15	15							2
Nimpkish	A. W. McCordick		8	8	1						
Ninemile Creek	J. Bain Thom		9	9	1		1			1	1

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify, (Nervous, Pulmonary, cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
2	....	2	.....	....	....	....	....	.....	Good.....	Yes.
4	....	....	.....	....	....	....	....	.....	Not sufficiently heated	One closet only.
1	....	....	.....	....	....	....	....	.....	.....	Yes.
13	....	2	.....	....	....	....	....	.....	Good.....	Good.
9	4	....	Colds, 2; pleurisy, 1	....	....	....	....	.....	Satisfactory.....	Inadequate.
15	....	....	.....	....	....	....	....	.....	Good.....	Good.
....	....	....	.....	....	....	....	....	.....	Clean.....	"
6	2	3	.....	....	....	....	....	.....	Good.....	Yes.
7	....	....	.....	....	....	....	....	.....	No.....	"
....	....	2	.....	....	....	....	....	.....	Good.....	Good.
4	1	8	Cardiac, 1	1	....	....	....	.....	Bad water; blinds needed	Yes.
2	....	1	.....	....	....	....	....	.....	Good and clean ...	"
14	....	16	.....	....	....	....	....	Measles, 14	First-class	Clean.
4	2	....	.....	....	....	....	....	.....	Rather poor ventilation	Fair.
9	5	31	Bronchitis, 3; la grippe, 12....	....	....	....	....	Measles, 15.....	Good.....	Good.
9	....	....	.....	....	....	....	....	.....	"	Yes.
1	....	1	Rickets, 2	....	....	....	....	.....	Satisfactory.....	"
1	....	....	Pterygium, 1	....	....	....	....	.....	"	Unsatisfactory.
1	....	....	.....	....	....	....	....	.....	Stove too small ...	Yes.
6	....	.	.....	....	....	....	....	Chicken-pox, 3..	Excellent.....	Excellent.
2	....	....	.....	....	....	....	....	.....	Satisfactory.....	Not satisfactory.
2	....	....	.....	....	....	....	....	.....	Good.....	Yes.
4	....	....	.....	....	....	....	....	.....	Healthful	Sanitary.
17	16	7	Chorea, 1; pharyngitis, 6.....	....	....	....	....	Mumps, 1.....	Good; fair ventilation	Yes.
3	2	5	.....	1	....	....	....	Measles, 4.....	Good.....	Very bad.
15	5	7	Cardiac, 1; pulmonary, 1; orthopædic defects, 3	....	....	....	....	Measles.....	Sufficient.....	Fair.
2	2	3	.....	....	....	....	....	.....	Good.....	Good.
6	....	1	.....	....	....	....	....	.....	"	Clean.
4	....	3	.....	....	....	....	....	.....	First-class.....	Yes.
40	1	....	Cardiac, 1	....	....	....	....	.....	No.....	"
2	....	....	.....	....	....	....	....	.....	Good.....	One; clean.
10	....	8	.....	....	....	1	....	.....	"	Yes.
3	....	....	.....	....	....	....	....	.....	"	Fair.
....	....	....	.....	....	....	....	....	.....	Healthful.....	Yes.
4	....	....	.....	....	....	....	....	.....	Good.....	"
2	....	....	.....	....	....	....	....	.....	Normal	Fair.
6	1	....	Pulmonary, 1.	....	....	2	....	.....	Satisfactory	Yes.
3	....	....	.....	....	....	....	....	.....	Good.....	"
3	....	....	.....	....	....	....	....	.....	"	Good.
....	....	....	.....	....	....	....	....	.....	Very good	Yes.
3	....	....	.....	....	....	....	....	.....	Good.....	Fair.
12	6	....	.....	....	....	....	....	.....	Satisfactory.....	Yes.
26	1	....	Mitral regurgitation, 1.....	....	....	....	....	.....	Good.....	Good.
2	1	....	.....	....	....	....	....	.....	Fair.....	Adequate.
23	12	6	Wax in ears, 17; catarrh, 3; anæmia, 3; otitis media, 1	....	....	....	....	.....	Heating and ventilation good	Clean and adequate
5	....	....	.....	....	....	....	....	.....	Good; blinds needed	Yes.
....	....	....	.....	....	....	....	....	.....	Satisfactory.	Needs repairs.
....	....	....	.....	....	....	....	....	.....	Good.....	"
3	....	....	.....	....	....	....	....	.....	"	Yes.
10	....	....	Pulmonary, 1.	....	....	....	....	.....	"	"
2	....	....	.....	....	....	....	....	.....	Satisfactory	"
5	....	....	.....	....	....	....	....	.....	Heating, bad	"
6	....	....	.....	....	....	....	....	Measles	Good.....	Good.
39	5	10	Chorea, 1.....	....	....	....	....	.....	Good; lighting poor	Fair
19	2	....	.....	....	1	....	....	Diphtheria.....	Good.....	Good.
....	....	....	.....	....	....	....	....	.....	"	"
11	4	4	Acne, 1.	....	....	1	....	.....	"	"
4	....	1	.....	....	....	....	....	.....	"	"
2	....	1	Neurotic, 1	....	....	....	....	.....	"	"
....	1	14	Cardiac, 1; flat feet, 1	....	....	....	....	.....	Fairly crowded ...	Needs repairs.
4	1	2	.....	....	....	....	....	.....	Good.....	Clean.
8	11	7	.....	....	....	....	....	.....	Bad ventilation ...	Yes.
12	5	8	.....	....	....	3	4	.....	Good.....	Good.
9	2	2	Nervous, and cardiac, 1	....	....	....	....	.....	"	Yes.
4	2	....	.....	....	....	....	....	.....	"	"
8	....	....	Pulmonary, 1.....	....	....	....	....	.....	No.....	"
3	....	....	.....	....	....	....	....	.....	Good.....	Fair.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentally.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
North Bend	H. R. Fort		37	34	3	1	4	3	6	4	9
Northfield	T. J. McPhee		59	55			1	1	1	2	4
Notch Hill	Walter Scatchard		36	35			1			1	1
Ocean Falls	John Christie		40	39			3		2	2	6
Okanagan	W. J. Knox		25	22			2		1	1	2
Okanagan Centre	"		17	17			1		1		2
Okanagan Falls	H. McGregor		16	16			2	1	2	2	4
Okanagan Landing	H. G. Williams		23	20			1				4
Okanagan, South	W. J. Knox		31	31		2	1		1	1	1
Olalla	Robert Elliot		13	12			1		1		
Osland	R. W. Large		13	11			2				2
Otter Point	W. D. Calvert		13	12							
Oyama	H. G. Williams		45	42			1		1	1	10
Oyster, North	A. C. Frost		28	25	1	1	1	1	6	6	5
Oyster, South	"		18	19					3	3	3
Park Siding	John Nay		6	6			1	1			5
Parksville	H. E. Langis		35	33							
Pemberton Range	R. W. Irving		9	8			1				
Pender Island	E. M. Sutherland		20	15			3				
Perry Siding	W. H. Willson			16						1	
Porcher Island	R. W. Large		10	10							2
Port Clements	A. C. Nash		8	7			2				
Port Essington	R. W. Large		17	17			4	1			8
Port Simpson	"		31	25			5	1			10
Powell River	A. Henderson		150	150	3	1	6	3	10	20	50
Princeton	D. McCaffrey		103	100			2				20
Princeton, East	"		23	17				2			3
Procter	G. C. Read			30			3	1		2	5
Qualicum Beach	H. E. Langis		39	36							2
Qualicum, Little	"		13	9			1				
Quesnel	G. R. Baker		42	41			2	1	1	1	3
Renata	J. E. H. Kelso		24	24	2		2			2	2
Retreat Cove	E. M. Sutherland		10	10							2
Riondel	G. C. Read			9						1	2
Roberts Creek	F. Inglis			8	1	1	1	1	1	2	3
Robin Range	M. G. Archibald		23	22			1		4	2	3
Robson	J. E. H. Kelso		21	20			1	1		3	3
Rock Bay	R. L. Beadles		11	11			4				5
Rocky Point	C. P. Higgins		33	22					3	2	3
Roosville	B. E. Church		9	5							2
Rosebery	W. E. Gomm		11	11							2
Rose Hill	R. W. Irving		17	14			1				1
Royston	G. K. MacNaughton		15	15	1		2		3		5
Rutland	W. J. Knox		75	75			4		6	6	4
Saanich, North	A. E. McMicking		44	34					1	1	2
St. Elmo	J. C. Elliot		18	17			3	3	3	1	3
Salmo	John Nay		36	31			2				12
Savona	R. Wightman		12	12							3
Sechelt	E. Inglis			13	3		4			11	1
Shawnigan	W. Dykes			21				1			2
Shuswap	Walter Scatchard		8	6							
Shuswap Falls	H. G. Williams		5	5							
Sidney	C. P. Higgins		124	102			9		12	12	12
Silverton	W. E. Gomm		73	66	1		4		1	1	15
Similkameen	Robert Elliot		13	10			2		1	1	1
Sirdar	G. B. Henderson		15	15							1
Slocan City	W. E. Gomm		57	54			4				17
Slocan, South	W. H. Willson			17							
Smithers	C. G. G. Maclean		34	28		1	2	1	1	2	11
Soda Creek	S. E. Mostyn Hoops		15	11							
Solsqua	J. H. Hamilton		15	14					2	2	4
Sooke	W. D. Calvert		30	24							1
Sooke Harbour	"		13	8			1				
Sorrento	Walter Scatchard		12	11			3			2	3
Spences Bridge	J. J. Gillis		27	20	4	3	6	8	10	10	12

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify, (Nervous, Pulmonary, Cardiac Disease, etc).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
10	11	5	Pulmonary, 1; heart, 1	...	...	....	...	Measles; diphtheria, 1..	Good	One, good; one, bad.
7	....	....		....	....	....	....		Very good	Good.
30	...	18		....	....	....	....		Good	"
5	1	1	Cardiac, 1; nervous 1	....	....	....	...	Chicken-pox; whooping-cough	Excellent	Yes.
4	....	3	Chorea, 2	....	2	....	....		Good	"
2	....	5	Chorea, 1	....	....	....	....		"	"
5	1	3		....	....	....	....	Whooping-cough, 4	"	"
5	2	4		....	....	....	....	Measles, 5	"	Bad.
5	....	2		....	2	....	....		Excellent	Yes.
4	...	3		....	....	....	....		Fair	Fair.
10	5	....		....	....	....	....		Satisfactory	No closets.
....	....	....		....	....	....	....		Dirty	Good.
6	2	17	Heart murmur, 1	....	....	....	....	Measles, 6	Good	Fair.
15	1	1		....	....	....	....	Measles, 20	Well ventilated & heated	Good.
10	....	....		....	....	....	....		Good	"
3	....	....	Chronic otitis media, 1	....	....	....	1		Fair	Fair.
....	....	....		....	....	....	....	Whooping-cough, 1	Good	Good.
2	....	....		....	....	....	....		Healthful	Yes.
1	....	....	Cardiac, 1	....	....	....	....	Scarlet-fever, 5	Satisfactory; no water-supply	No.
2	....	5		....	....	....	....		Crowded; poor building	Poor.
7	5	....	Valvular heart murmur, 1	....	....	....	....		Only fairly satisfactory	Inadequate.
5	...	....		....	....	....	....		Normal	Bad.
15	12	....		....	....	....	....		Satisfactory	Clean and adequate
14	8	....		....	....	....	....	Whooping-cough	"	Ditto.
15	1	1		....	....	....	....		Good	Good.
9	5	31	La grippe, 12; bronchitis, 3	....	....	....	....	Measles, 15	"	"
7	....	21	La grippe, 5	....	....	....	....	Measles, 4	"	"
7	....	6	Cardiac, 1	2	..	....	....			
....	....	....		....	....	....	....		Ventilation & heating fair	Clean.
2	....	....		....	....	....	....		Good	"
6	...	2		....	....	....	....		"	Yes.
9	....	7	Pulmonary tuberculosis, 2	....	....	4	....		"	Good.
4	3	....	Pulmonary, 2	....	....	....	....		Fair	Yes.
3	....	2		....	....	....	....			
1	4	....		....	....	....	....		Crowded	"
6	....	1		....	....	....	....		Fair	Clean but not adequate
4	...	4	Neurotic, 1	....	....	2	....		Very good	Good.
8	2	....		....	....	....	....		Good	Yes.
3	....	....		....	....	....	....		"	Yes; fair.
3	....	....		....	....	....	....		Very fair	Very fair.
2	3	2		....	....	....	....		Good	Yes.
2	....	....		....	....	....	....		Healthful	"
13	7	1	Wax in ears, 3; catarrh, 1	....	....	....	....		Heating and ventilation good	"
8	....	3	Chorea, 2; lung, 1	....	....	....	....	Measles, 12	Excellent	"
6	....	....		....	....	....	....		Heating bad	Fair.
10	....	....		....	....	....	....		Fair	Poor.
19	....	1		....	....	....	....		Good	Yes.
7	....	....		....	....	....	....		"	Good.
7	6	....		....	....	....	....		Ventilation good	Only one closet.
9	....	1		....	....	....	....		Good	Clean.
4	....	4		....	....	....	....		Wood	8 pits.
....	....	....		....	....	....	....		Good	Good.
7	....	1		....	....	....	....		Fair	Fair.
...	5	21	Chronic bronchitis, 1; cardiac, 1	....	....	....	1		Excellent	Excellent.
2	1	5		....	....	....	....	Measles, 1	Good	Clean.
1	....	....		....	....	....	....		....	Yes.
....	1	12	Cardiac, 11	....	....	....	....		Good	"
4	....	5		....	....	....	....	Measles	New building	Good.
8	7	1		....	....	....	....	Whooping-cough, 1	Excellent	"
3	....	....		....	....	....	....		Satisfactory	Another required.
5	1	1		....	....	....	....		Good	Yes.
....	2	....		....	....	....	....	Chicken-pox, 5	Clean	Good.
....	....	....		....	....	....	....	German measles, 5	"	"
5	...	3		....	....	....	....		Wood	4 pits.
16	6	11		....	....	....	....		Good	Good.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentally.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Squamish	Gordon Burke		41	41	....	1	10	....	....	11	11
Squamish, Upper	"		15	13	....	....	2	....	....	2	2
Standard Mine	W. E. Gomm		17	16	....	....	2	....	4	1	8
Stellaco	W. R. Stone		14	11	...	...	1	...	1	1	3
Sullivan Valley	H. H. Murphy		6	5	...	...	...	....	....	....	1
Summit Lake	E. H. S. McLean	(School closed.)									
Telegraph Creek	Edward Rice		30	24	4	2	7	1	5	1	10
Three Forks	W. E. Gomm		8	8	...	....	..	....	.	1	1
Thurlow	R. L. Beadles		7	5	..	....	....	....	....	...	2
Tranquille	H. H. Murphy		10	3	...	....	...	....	....	....	...
Trapp Lake	"		16	15	....	....	1	...	..	....	1
Trout Creek, Upper	F. W. Andrews		7	6	....	....	1	1	....	....	....
Trout Lake	J. H. Hamilton		19	14	...	....	...	....	....	....	....
Tulameen	D. McCaffrey		10	10	....	1	1	....	....	....	....
Turtle Valley	Walter Scatchard		17	13	....	....	....	....	....	....	4
Uchulet	D. S. Dixson		11	10	1	....	3	.	....	....	....
Uchulet Arm	"		6	6	....	....	....	1	....	....	2
Uchulet, East	"		11	11	....	....	....	.	....	....	2
Union Bay	G. K. MacNaughton		66	52	1	1	3	1	4	14	...
Vananda	C. F. Downman		51	45	....	....	2	....	....	....	5
Vanderhoof	W. R. Stone		54	42	....	....	1	....	8	8	10
Vesuvius	E. M. Sutherland		10	9	....	....	..	....	....	....	2
Vesuvius, North	"		21	16	....	1	....	....	....	....	1
Voight Camp (Copper Mtn.)	D. McCaffrey		15	15	...	....	..	...	1	....	3
Waldo	B. E. Church		76	40	....	....	3	....	....	4	9
Walhachin	R. Wightman		9	9	1	....	....	....	....	1	1
Wanklyn	Greene and MacKinnon		10	6	....	....	1	....	1	...	1
Wardner	"		....	34	2	1	1	...	7	...	16
Wasa	"		11	8	...	....	....	....	....	....	3
Waterloo	T. J. McPhee		14	13	....	....	....	....	....	....	1
Wellington	"		44	36	....	1	2	....	2	2	4
Wellington, East	"		26	26	....	....	....	..	....	1	3
Wellington, South	"		130	123	...	....	1	1	3	7	18
Westbank	Wm. Buchanan		25	25	....	....	....	....	....	....	4
Westview	A. Henderson		14	10	....	....	....	...	1	2	4
William's Siding	W. H. Willson		....	7	....	....	....	....	....	....	....
Willow Point	"		15	13	....	1	....	....	....	....	....
Willow River	C. Ewert		19	17	3	1	....	1	6	2	4
Wilmer	P. W. Turnor		13	10	....	....	....	....	....	....	1
Winlaw	W. H. Willson		....	28	..	....	....	....	....	....	1
Windermere	P. W. Turnor		9	9	....	....	....	....	....	....	5
Woods Lake	W. J. Knox		27	25	....	....	2	....	3	3	2
Wycliffe	Greene and MacKinnon		32	31	....	1	2	....	2	4	2
Wynndel	G. B. Henderson		28	24	1	....	....	....	....	....	8
Ymir	John Nay		35	33	....	....	....	....	....	2	9

ASSISTED SCHOOLS—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions specify, (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
32	....	3	Chronic hoarseness, 1	....	....	....	....	Measles	Good	Good.
6	....	2	Heart trouble, 1	....	....	....	....	Measles	Old building, but good condition	Yes.
....	....	4	....	....	....	....	....	....	Good	"
4	....	....	Cardiac, 1	....	....	....	....	....	"	"
....	....	....	....	....	....	....	....	....	Satisfactory	Satisfactory.
16	3	....	Lateral curved spine	....	1	....	1	....	Inadequate and poorly heated	Not sanitary.
1	....	....	....	....	....	....	....	....	Fair	Yes.
3	2	....	....	....	....	....	....	....	Good	"
....	....	....	Pulmonary tuberculosis, 1	....	....	....	....	....	Satisfactory	Satisfactory.
1	....	....	Fibrosis rt. apex	....	....	....	....	....	"	Yes.
1	2	1	Chorea, 1	....	....	....	....	....	Fair	"
4	....	4	....	....	....	....	....	....	Good	"
3	....	3	....	....	....	....	....	....	"	Good.
12	....	4	....	....	....	....	....	....	Wood	3 pits.
6	....	....	Anæmic, 1; catarrh, 1	....	....	....	....	....	Good	Yes.
4	....	2	....	....	....	....	....	....	"	"
3	....	2	Neuralgic, 1	....	....	....	....	....	"	"
28	9	3	Cardiac, 1; orthopædic, 1; anæmic, 1	....	....	....	....	Whooping-cough	New building	"
42	4	....	....	....	....	....	....	....	Fair	Fair.
12	....	....	....	....	....	....	....	....	Poorly heated	Clean.
....	....	....	Defective articulation, 1	....	....	....	....	....	Satisfactory; no water-supply	No.
4	....	....	....	....	....	....	....	Scarlet fever, 1	Ditto	Yes.
2	....	2	....	....	....	....	....	Measles, 2	Good	Good.
31	....	....	....	....	....	....	....	Whooping-cough and measles	Very good	Clean.
6	....	1	....	....	....	....	....	....	Not arranged properly	Good.
2	....	....	....	....	....	....	....	....	Good	Yes.
22	1	1	Tuberculosis, 1	....	....	....	....	....	"	"
5	....	....	....	....	....	....	....	....	"	"
3	....	....	....	....	....	....	....	....	"	"
5	....	....	Neurotic, 1	....	....	....	....	....	"	"
3	....	....	....	....	....	....	....	....	"	"
31	4	1	....	....	....	....	....	Four	Fair	Fair.
1	....	16	....	....	....	....	....	....	Satisfactory	Satisfactory.
....	....	....	Cardiac, 1	....	....	....	....	....	Good	Good.
....	....	1	....	....	....	....	....	Whooping-cough	Poor repairs	Poor.
2	....	2	....	....	....	....	....	Whooping cough	Good	Good.
8	5	3	Chronic otitis media, 1; mitral insufficiency, 1; nasal catarrh, 1	....	....	....	....	Whooping-cough	Fair	Yes.
6	....	....	....	....	....	....	....	....	Good	Good.
3	....	10	....	....	....	....	....	Chicken-pox	"	Fair.
3	....	1	....	....	....	....	....	....	"	Good.
4	....	2	Chorea, 1	....	....	....	....	....	"	Yes.
4	....	....	Pulmonary, 1	....	....	....	....	....	"	"
2	....	1	Blepharitis, 1	....	....	....	....	Measles	....	"
21	....	....	....	....	....	....	....	....	Good	"

REGISTRAR'S REPORT UNDER THE VITAL STATISTICS ACT.

VICTORIA, B.C., September 20th, 1918.

H. E. Young, Esq., M.D.,
Secretary, Provincial Board of Health, Victoria, B.C.

SIR,—Herewith please find Forty-sixth Report of Vital Statistics, being for the first six months of the year 1918.

I have the honour to be,
Sir,
Yours obediently,
MUNROE MILLER,
Deputy Registrar of Births, Deaths, and Marriages.

In presenting this report for the first half of the year instead of for the full twelve months, an explanation of why the departure from the former custom was made may not be out of place.

First: The year has heretofore closed with December, and the report of the business of the immediate past twelve months, fully classified and arranged, was to be laid before the House as soon after the first of January following as possible. As the number of the agencies and volume of transactions increased, new difficulties presented themselves.

Second: The distance between many of the District Registrars and the head office, coupled with the delays attending the inclement season of the year, made it anything but easy to get the report ready.

Third: At that season the King's Printer is swamped with reports from all departments, and the strength of his entire staff is required to produce documents considered of paramount importance; and, finally, there is no time left to scan exchanges, make comparisons, and draw conclusions.

By adopting the present plan, commencing the year with July and ending with June, a far better opportunity is given to prepare a more fully detailed report, and, as far as possible, make a mass of statistics interesting.

For the assistance of all or any who may wish to communicate with the different District Registrars of the Province, the following list of offices is published:—

Victoria Division—
- Victoria City.
- Cowichan.
- Esquimalt.
- Oak Bay.
- Saanich.

New Westminster Division—
- New Westminster City.
- Burnaby.
- Coquitlam.
- Fraser Mills.
- Ladner.
- Langley.
- Maple Ridge.
- Mission.
- Matsqui.
- Port Coquitlam.
- Port Moody.
- Pitt Meadows.
- Sumas.
- Surrey.

New Westminster Division—*Concluded.*
- Outside.
- Chilliwack City.
- Chilliwack Township.

Nanaimo Mining Division—
- Nanaimo Division.
- Alert Bay.
- Comox-Cumberland.
- Comox, outside.
- Ladysmith.
- Powell River.

Beaton Group—
- Beaton.
- Cranbrook.
- Fernie.
- Golden.
- Kaslo.
- Nakusp.
- Nelson.
- New Denver.
- Revelstoke.

Beaton Group—*Concluded.*
- Rossland.
- Slocan City.
- Trail.
- Trout Lake.
- Wilmer.

Alberni Group—
- Alberni.
- Anyox.
- Atlin.
- Bella Coola.
- Clayoquot.
- Fort Fraser.
- Hazelton.
- Fort St. John.
- Hudson Hope.
- Pouce Coupe.
- Porter's Landing.
- Prince Rupert.
- Quatsino.
- Queen Charlotte.
- Stewart.
- Telegraph Creek.

Ashcroft Group—
- Ashcroft.
- Barkerville.

Ashcroft Group—*Concluded.*
- Fort George.
- Tete Jaune Cache.
- Clinton.
- Lillooet.
- Quesnel.
- 150-Mile House.
- Yale.

Fairview Group—
- Fairview.
- Greenwood.
- Grand Forks.
- Kamloops.
- Nicola.
- Princeton.
- Vernon.
- West Summerland.

Vancouver Division—
- Vancouver City.
- South Vancouver.
- Point Grey.
- North Vancouver.
- West Vancouver.
- Unorganized.
- Richmond.

Under proper headings, and in tables of the returns of births, deaths, and marriages, will be found returns of each of the above places, but for expedition the gross for each division or group of divisions follows for the years 1916, 1917, and 1918. The loss or gain can be readily determined.

In all tables and totals let it be remembered that figures for 1918 apply only to the first six months of the year.

Divisions and Groups of Divisions.	Births.			Deaths.			Marriages.		
	1916.	1917.	1918 (6 mos.).	1916.	1917.	1918 (6 mos.).	1916.	1917.	1918 (6 mos.).
Victoria	1,516	1,398	689	654	589	358	516	449	223
Nanaimo	647	575	311	233	218	128	119	112	67
Vancouver	3,866	3,658	1,964	1,506	1,549	820	1,454	1,394	731
New Westminster	1,094	1,150	629	453	495	257	311	279	135
Ashcroft	196	196	80	77	74	28	54	44	18
Fairview	1,086	1,057	515	443	364	165	299	218	115
Alberni	329	357	177	127	144	77	94	107	47
Beaton	1,107	1,059	575	394	463	213	322	258	107
Totals	9,841	9,450	4,940	3,887	3,896	2,046	3,169	2,861	1,443

As usual, the question of population of the Province has arisen. On interviewing the Inspector of Municipalities he pronounced in favour of the figures used last year, expressing the belief that no material change had been made in the matter of increase or decrease. Such being admitted, the natural increase was sought that it might be added to the number assumed for 1917, resulting as follows:—

Assumed population in 1917		379,804
Registered births, 1918	4,940	
Registered deaths, 1918	2,046	
Natural increase		2,894
Present population		382,698

On obtaining these figures it was found that another adjustment was required, it being apparent that the three principal cities had increased in population by and through enterprises put afoot through exigencies created by the present great war.

To obtain the just allotment to the principal cities it was considered expedient to resort to school enrolment, with the following result:—

Vancouver City has enrolled	16,465	x 6½ =	107,022
Victoria City has enrolled	5,711	x 6½ =	37,121
South Vancouver has enrolled	4,851	x 6½ =	31,531
Total			175,674
Assumed balance of Province			207,024
Population of Province being			382,698

These figures will be used in our computations.

Following are the registrations for:—

	1915.	1916.	1917.	1918 (6 mos.).
Births	10,516	9,841	9,450	4,940
Deaths	3,832	3,887	3,896	2,046
Marriages	3,393	3,169	2,861	1,443
Totals	17,741	16,897	16,207	8,429

Following are the rates per thousand of population for births, deaths, and marriages for the years 1916, 1917, and six months of 1918:—

	1916. Pop. 383,380.	1917. Pop. 379,804.	1918 (6 mos.). Pop. 382,698.
Province—			
Registered births	9,841—25.66	9,433—24.83	4,940—12.91
Registered deaths	3,887—10.14	3,896—10.25	2,046— 5.34
Registered deaths, less still-born	3,686— 9.60	3,721— 9.79	1,954— 5.10
Registered marriages	3,169— 8.27	2,861— 7.53	1,443— 3.77
Vancouver City—			
Registered births	2,686—28.07	2,670—27.81	1,493—13.95
Registered deaths	1,240—12.96	1,307—13.61	681— 6.36
Registered deaths, less still-born	1,125—11.65	1,223—12.74	641— 5.99
Registered marriages	1,152—13.08	1,191—12.40	624— 5.83
Victoria City—			
Registered births	1,106—30.29	995—26.97	492—13.25
Registered deaths	533—14.59	476—13.03	285— 7.68
Registered deaths, less still-born	508—13.09	456—12.48	272— 7.32
Registered marriages	420—12.59	382—10.46	201— 5.41
South Vancouver—			
Registered births	579—20.60	480—17.07	207— 6.56
Registered deaths	112— 3.98	88— 3.13	52— 1.64
Registered deaths, less still-born	97— 3.45	76— 2.70	45— 1.43
Registered marriages	110— 3.91	97— 3.09	52— 1.64
Remainder of Province—			
Registered births	5,470—24.47	5,288—24.12	2,748—13.27
Registered deaths	2,002— 9.16	2,025— 9.23	1,028— 4.96
Registered deaths, less still-born	1,956— 8.76	1,966— 8.96	996— 4.81
Registered marriages	1,387— 6.21	1,191— 5.43	566— 2.73

Following is a classified list of deaths occurring in British Columbia for the years 1913 to June 30th, 1918:—

	1913.	1914.	1915.	1916.	1917.	1918 (6 mos.).
1. General diseases	997	856	895	936	965	523
2. Diseases of the nervous system and organs of special sense	404	358	336	389	380	220
3. Diseases of the circulatory system	501	403	479	456	540	293
4. Diseases of the respiratory system	458	345	340	494	439	278
5. Diseases of the digestive system	300	329	260	224	268	109
6. Non-venereal diseases of the genito-urinary system and annexa	238	207	163	206	204	102
7. The puerperal state	53	65	50	50	59	17
8. Diseases of the skin and cellular tissue	12	13	7	15	23	8
9. Diseases of the bones and organs of locomotion	....	....	1	3	3	1
10. Malformations	9	42	51	55	51	24
11. Diseases of early infancy	765	579	526	438	405	186
12. Old age	68	66	70	80	54	37
13. Affections produced by external causes	717	642	583	473	455	225
14. Ill-defined, including executions	97	72	71	68	50	23
Totals	4,619	3,977	3,832	3,887	3,896	2,046

That one may be better enabled to make comparisons the results of the above tables have been segregated, and each division charged with what belongs to it. It is desired to forcibly impress upon the reader the fact that column 1—"General diseases"—contains returns for both tuberculosis and cancer, as well as many diseases peculiar to children, which will account for its large total—523—making it responsible for 25.55 of all deaths.

The following table of diseases has been compiled from returns of the whole Province from 1900 to June, 1918. It is considered deserving of attention. Also the same table has been segregated, thus showing the different localities' liability to or immunity from the diseases contained in the list.

	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918 (6 mos.)	Totals.
Typhoid fever	79	35	32	24	42	34	39	63	72	55	102	92	99	85	42	32	23	24	5	979
Whooping-cough	6	..	6	12	3	4	4	26	9	18	15	23	15	27	23	9	37	21	14	272
Diphtheria	7	11	31	21	16	10	15	21	29	14	23	68	36	35	11	11	18	19	7	393
Scarlet fever	2	7	7	17	8	4	6	4	5	16	14	31	12	18	3	..	1	7	2	164
Measles	1	...	6	1	1	1	2	10	6	1	7	11	13	11	1	14	12	6	17	121
Smallpox	..	...	..	...	2	...	1	...	1	...	1	...	...	...	...	...	...	3	...	8
Diarrhœa and enteritis	35	29	30	22	48	48	45	53	33	59	74	53	130	113	108	72	35	53	17	1,057
Dysentery	6	4	6	2	4	4	6	9	11	12	51	24	23	24	13	14	14	7	3	237
Purulent infection and septicæmia	11	13	11	16	19	15	11	22	19	30	31	30	39	10	45	34	29	45	14	444
Influenza	7	3	6	11	6	7	2	26	5	10	5	10	10	11	11	18	36	17	9	220
Pneumonia	98	102	155	115	104	100	110	217	152	153	164	237	258	195	183	157	228	224	131	3,083
Bronchopneumonia	...	...	...	...	...	...	...	...	33	46	51	85	124	66	64	62	140	92	48	811
Bronchitis	22	26	22	19	24	16	20	47	44	36	42	60	63	51	47	47	49	26	23	694
Totals	274	230	312	260	277	243	261	498	419	450	580	724	822	646	551	470	622	554	290	8,483

ALLOTMENT OF SPECIFIED DISEASES TO EACH MINING DIVISION.

	Typhoid Fever.	Whooping-cough.	Diphtheria.	Scarlet Fever.	Measles.	Smallpox.	Diarrhœa and Enteritis.	Dysentery.	Purulent Infection and Septicæmia.	Influenza.	Pneumonia.	Bronchopneumonia.	Bronchitis.	Totals.
Ashcroft Group—														
Ashcroft														
Barkerville														
Fort George							1					1		2
Tete Jaune Cache														
Clinton														
Lillooet											1			1
Quesnel														
150-Mile House											1			1
Yale														
							1				2	1		4
Fairview Group—														
Fairview													1	1
Greenwood														
Grand Forks								1				1		2
Kamloops					1		1				7			9
Nicola												1	1	2
Princeton											1			1
Vernon			2								4	3	1	10
			2		1		1	1			12	5	3	25
Beaton Group—														
Beaton														
Cranbrook		1			1						5	2		9
Fernie	1				1						5	1	1	9
Golden														
Kaslo														
Nakusp														
Nelson	1								1		3	2	1	8
New Denver											1		1	2
Revelstoke							2				1			3
Rossland									1		2			3
Slocan City														
Trail											1			1
Trout Lake														
Wilmer														
	2	1			2		2		2		18	5	3	35
Victoria Division—														
Victoria City		1	1					1	3	5				11
Cowichan												1	1	2
Esquimalt			1						1	1	3		1	7
Oak Bay													1	1
Saanich											2	1	1	4
		1	2					1	4	6	5	2	4	25
Nanaimo Division—														
Nanaimo			1		1						9	1	1	13
Alert Bay												1		1
Comox											4	1	1	6
Ladysmith														
			1		1						13	3	2	20
New Westminster Division—														
New Westminster	1		1		2		1		1	1	8	5		20
Burnaby							1				2			3
Chilliwack											1			1
Outside		1			1			1		1	7	2	1	14
	1	1	1		3		2	1	1	2	18	7	1	38
Vancouver Division—														
Vancouver City	2	7	1	2	8		7		6	1	50	14	8	106
South Vancouver					2						5	3	1	11
Point Grey							1				3		1	5
North Vancouver City												2		2
North Vancouver District														
West Vancouver														
Vancouver (outside)											1			1
Richmond		4					3					1		8
	2	11	1	2	10		11		6	1	59	20	10	133

Allotment of Specified Diseases to each Mining Division—*Concluded.*

	Typhoid Fever.	Whooping-cough.	Diphtheria.	Scarlet Fever.	Measles.	Smallpox.	Diarrhœa and Enteritis.	Dysentery.	Purulent Infection and Septicæmia.	Influenza.	Pneumonia.	Broncho-pneumonia.	Bronchitis.	Totals.
Alberni Group—														
Alberni	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Anyox	....	....	....	....	....	....	....	....	....	....	....	1	....	1
Atlin	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Bella Coola	....	....	....	....	....	....	....	....	....	....	1	....	....	1
Clayoquot	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Fort Fraser	....	....	....	....	....	....	....	....	....	....	....	1	....	1
Hazelton	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Fort St. John	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Hudson Hope	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Pouce Coupe	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Porter's Landing	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Prince Rupert	....	....	....	....	....	....	....	....	1	....	3	3	....	7
Quatsino	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Queen Charlotte	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Stewart	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Telegraph Creek	....	....	....	....	....	....	....	....	....	....	....	....	....	....
	....	....	....	....	....	....	....	....	1	....	4	5	....	10
Grand totals	5	14	7	2	17	....	17	3	14	9	131	48	23	290

The following table relating to cancer shows that deaths resulting therefrom are on the increase. For the year 1917 there were 248 deaths, and for the first six months of 1918, 144. Should this rate be maintained the increase for the present year will amount to 16.66 per cent. over 1917. The report is given as a whole as well as by specifying each division. The percentage of all deaths, exclusive of still-born, for the six months is 7.30, and the rate per thousand is 0.37.

	1917.	6 Mos., 1918.
Victoria Division	61	33
New Westminster Division	23	12
Nanaimo Division	7	7
Beaton Group	10	11
Alberni Group	5	2
Ashcroft Group	..	2
Fairview Group	20	9
Vancouver Division	122	68
Totals	248	144

Tuberculosis: Under this heading the same course is pursued as in preceding diseases; that is, the report as a whole, and then recapitulated. Number of deaths in 1917, 413; for the first six months of 1918, 236, which rate, if maintained, will amount to 472, a gain of 59, or 14.28 per cent. over 1917. The percentage of all deaths, exclusive of still-born, for 1918 (first six months), is 12.07, and the rate per thousand of population is 0.62.

	1917.	6 Mos., 1918.
Victoria Division	57	55
New Westminster Division	44	17
Nanaimo Division	17	8
Beaton Group	28	21
Alberni Group	9	4
Ashcroft Group	8	5
Fairview Group	69	42
Vancouver Division	181	86
Totals	413	236

In Fairview Group is included report from Tranquille Sanatorium.

Not the least interesting portion of this subject is the part borne by Asiatics, and the opportunity is taken to introduce the following statement. For the first six months of the year the—

Total number of deaths of Chinese amounted to	139
Total number of deaths of Japanese amounted to	103
Total number of deaths of East Indians amounted to	7
	249
Deaths from tuberculosis, Chinese	45
Deaths from tuberculosis, Japanese	10
Deaths from tuberculosis, East Indians	1
	56

Of the total Chinese, 139, 45 died of tuberculosis = 32.37 per cent. of all Chinese deaths. Of the total Japanese, 103, 10 died of tuberculosis = 9.7 per cent. of all Japanese deaths. Of the total East Indians, 7, 1 died of tuberculosis = 14.3 per cent. of all East Indian deaths. Of all deaths of Asiatics named, 249, 56 died of tuberculosis = 22.49 per cent. of all Asiatic deaths.

Let us view this statement from another angle: Of the 236 deaths from tuberculosis, the Chinese contributed 45 = 19 per cent. of all deaths from tuberculosis; whilst all three of the Asiatics are responsible for 56 deaths out of 236 = 23.72 per cent.

Now, if we deduct this 56 from 236 (total deaths from tuberculosis for the first six months of 1918), we have 180 left for the white race, which cuts our rate very materially; that is to say, 180 deaths from tuberculosis becomes 9.21 per cent. instead of 12.07 per cent.

The following information is presented as a comparative statement *re* the ages of decedents for the years 1916, 1917, and first six months of 1918:—

	1916.	1917.	1918 (6 mos.).
Under 1 year	601	587	260
1 to 2 years	121	82	45
2 to 5 years	108	107	58
5 to 10 years	70	76	44
10 to 20 years	104	154	93
20 to 30 years	298	329	161
30 to 40 years	451	473	244
40 to 50 years	486	451	248
50 to 60 years	450	456	259
60 to 70 years	413	461	244
70 to 80 years	348	341	181
80 to 90 years	175	158	97
90 years and up	22	18	11
Age not given	37	28	9
Age and sex not given	2	...	...
Totals	3,686	3,721	1,954

In the above figures the still-born are not included with deaths under one year. There were 201 still-births reported in 1916, 175 in 1917, and 92 for the first six months of 1918.

The cash receipts from January to June, inclusive, 1917, amount to	$ 636 69
The cash receipts from January to June (first six months), 1918	1,617 88
An increase of	$ 981 19

In fact, the receipts for the first six months of this year amounted to $187.73 more than the receipts for the whole of the year 1917.

The receipts are a fair index to the increase in the amount of work which fell to our staff: yet, thanks to every one being familiar with the work of the Department, *esprit de corps*, and not a small amount of hard work individually and collectively, we pulled through with very little assistance.

The certificates issued for military purposes from this office for 1917 were 2,500, and for the first six months of 1918, 1,143.

Letters received and dealt with from January to June, inclusive, number 3,311. This does *not* include 547 notices of births received from physicians of Victoria and adjoining municipalities, nor 1,444 notices received from issuers of marriage licences, all of which have to be noted and filed.

All returns from the District Registrars of the Province amount, to the end of June, to 4,940 births, 2,046 deaths, and 1,445 marriages, making the total entries, on account of the double indexing of marriages, 9,876, all of which have been indexed, numbered, and placed in alphabetical order under their proper divisions, in addition to which transcriptions from Church records have amounted to fully 120,000 words.

One word about registration of births, deaths, and marriages: Assuming that one working in a department governed by a special Act is more liable to discover, or have thrust upon him, imperfections in that law, permit me, with all due respect, to suggest an amendment to section 14 of the "Vital Statistics Act." That section and its subsections specifically set forth who may register the birth of a child. Cases are arising every day where registration is sought, which registration cannot be made in accordance with the provisions of the Act. It is held that discretion in accepting such returns is not admissible, in that, if allowed, the very backbone of the Act may be overturned at the whim and caprice of the individual.

The foregoing remarks have been brought forth by and through painful cases presented for consideration through exigencies created by the present war, as well as by the neglect and death of all the parties authorized to attend to the matter at the proper time. Let authority to register be extended.

In the matter of returns of vital statistics in relation to Indians the tabulated statements following show:—

Registrations of births, January to June, 1918	204
Registrations of deaths, January to June, 1918	171
Registrations of marriages, January to June, 1918	47
Total registrations	422
For twelve months of 1917 registrations stood—	
Births	144
Deaths	310
Marriages	67
Total for 1917	521

Undoubtedly an improvement; yet, inasmuch as three agencies have furnished no returns for 1918, it is hardly fair to construe the information furnished as being complete. Were it so, there is no reason why the Indian population (in round numbers, 25,000) should not be added to that which we claim (382,698) as the present population of the Province, and all percentages and rates per thousand calculated on that total. However, until the system works more smoothly *re* Indians, we must adhere to the old plan and present two reports. It cannot be denied that much is to be said in behalf of the Agents, on account of the different bands not being confined to their own agencies. At certain times of the year the various tribes virtually swarm to different locations in search of occupation, and whilst away from home the Agent loses touch with his charges, and until there is a stock-taking on their return he cannot answer for the condition of his band.

All tabulated statements follow.

BIRTHS, 1918.*

Mining Division.	Registrations in 1918.			Total Registrations.		Births in 1918.			Total Births.	
	Male.	Female.	Sex not given.	1918.	1917.	Male.	Female.	Sex not given.	1918.	1917.
Ainsworth—										
Kaslo	4	9	..	13	24	3	5	..	8	20
Arrow Lake—										
Nakusp	7	8	..	15	14	3	6	..	9	7
Atlin—										
Atlin	1	..	..	1	7	1	..	..	1	6
Ashcroft										
Ashcroft	16	8	..	24	35	6	4	..	10	15
Alberni										
Alberni	7	13	..	20	40	2	8	..	10	27
Bella Coola										
Bella Coola	12	2	..	14	16	7	1	..	8	13
Cariboo—										
Barkerville	1	..	..	1	..	..	..	..	..	..
Fort George	11	17	..	28	55	9	10	..	19	50
Tete Jaune Cache	3	2	..	5	15	2	2	..	4	15
Clayoquot—										
Clayoquot	..	..	..	..	2	..	..	..	..	2
Clinton—										
Clinton	1	1	..	2	15	1	..	..	1	8
Fort Steele—										
Cranbrook	47	36	..	83	137	26	23	..	49	104
Fernie	38	49	..	87	203	28	36	..	64	159
Greenwood—										
Greenwood	24	20	..	44	81	15	11	..	26	60
Grand Forks—										
Grand Forks	17	27	..	44	77	11	16	..	27	61
Golden—										
Golden	14	5	..	19	40	10	3	..	13	30
Kamloops—										
Kamloops	75	73	..	148	303	47	47	..	94	204
Liard—										
Porter's Landing	No returns received.			..	1	No returns received.			..	1
Lardeau—										
Beaton	1	..	..	1	3	..	..	..	..	2
Lillooet—										
Lillooet	2	1	..	3	5	1	..	..	1	3
Nicola—										
Nicola	23	19	..	42	70	13	11	..	24	49
Nelson—										
Nelson	64	48	..	112	226	30	29	..	59	162
New Westminster—										
New Westminster	150	124	1	275	481	69	57	1	127	322
Burnaby	38	26	..	64	160	27	20	..	47	125
Chilliwack	21	22	..	43	134	9	11	..	20	96
Outside	136	111	..	247	375	55	58	..	113	254
Nanaimo—										
Nanaimo	110	87	..	197	310	47	48	..	95	220
Alert Bay	3	2	..	5	18	3	2	..	5	9
Comox	43	41	..	84	166	30	25	..	55	125
Ladysmith	18	7	..	25	81	9	5	..	14	56
Osoyoos—										
Fairview	16	10	..	26	81	13	8	..	21	63
Omineca—										
Hazelton	11	8	..	19	37	7	8	..	15	32
Fort Fraser	3	6	..	9	17	2	3	..	5	9
Portland Canal—										
Stewart	..	..	..	..	..	..	..	..	..	..
Peace River—										
Fort St. John	2	..	..	2	2	1	..	..	1	1
Hudson Hope	No returns received.			..	5	No returns received.			..	2
Pouce Coupe	3	..	..	3	19	2	..	..	2	16
Quesnel—										
Quesnel	2	2	..	4	27	1	2	..	3	18
150-Mile House	2	2	..	4	9	1	1	..	2	4
Quatsino—										
Quatsino	2	..	..	2	4	2	..	..	2	4
Queen Charlotte—										
Queen Charlotte City	5	6	..	11	19	4	5	..	9	13
Revelstoke										
Revelstoke	38	38	..	76	122	18	26	..	44	100
Similkameen—										
Princeton	3	11	..	14	27	1	9	..	10	21
Slocan—										
New Denver	7	9	..	16	29	2	7	..	9	20
Slocan City Division—										
Slocan City	..	..	..	..	7	..	..	..	..	7
Stikine—										
Telegraph Creek	1	..	..	1	2	1	..	..	1	1
Carried forward	982	850	1	1,833	3,501	519	507	1	1,027	2,516

* The 1918 returns are for January to June only. The 1917 returns are for the whole year.

BIRTHS, 1918—*Concluded.*

Mining Division.	Registrations in 1918.			Total Registrations.		Births in 1918.			Total Births.	
	Male.	Female.	Sex not given.	1918.	1917.	Male.	Female.	Sex not given.	1918.	1917.
Brought forward	982	850	1	1,833	3,501	519	507	1	1,027	2,516
Skeena—										
Prince Rupert	39	36	..	75	179	24	16	..	40	144
Anyox	12	8	..	20	7	9	5	..	14	7
Trail Creek—										
Rossland	45	22	..	67	67	9	10	..	19	39
Trail	43	35	..	78	162	29	24	..	53	134
Trout Lake—										
Trout Lake	..	..	..	..	3	..	..	..	..	..
Vernon—										
Vernon	93	104	..	197	418	52	55	.	107	291
Vancouver—										
Vancouver City	775	717	1	1,493	2,670	504	493	..	997	2,008
North Vancouver City	42	40	..	82	131	27	36	..	63	106
North Vancouver District	10	7	..	17	34	7	3	..	10	27
South Vancouver	108	99	..	207	480	81	71	..	152	390
West Vancouver	5	..	..	5	8	3	..	..	3	6
Point Grey	32	32	..	64	122	22	21	..	43	84
Unorganized	22	9	..	31	66	15	7	..	22	51
Richmond	32	33	..	65	147	28	30	..	58	124
Victoria—										
Victoria City	246	246	..	492	995	128	144	..	272	744
Cowichan	27	27	..	54	102	16	15	..	31	72
Esquimalt	32	18	..	50	80	15	9	..	24	61
Oak Bay	10	12	..	22	44	6	5	.	11	33
Saanich	38	33	..	71	177	19	20	..	39	116
Windermere—										
Wilmer	4	4	..	8	22	3	3	..	6	19
Yale—										
Yale	2	7	..	9	35	..	6	..	6	22
Totals	2,599	2,339	2	4,940	9,450	1,516	1,480	1	2,997	6,994

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS OR GROUPS OF DIVISIONS, BY MONTHS.

Divisions and Groups of Divisions.	1917.							1918.						
	Jan.	Feb.	Mar.	Apr.	May.	June	Totals.	Jan.	Feb.	Mar.	Apr.	May.	June	Totals.
Victoria Division.														
Victoria	44	41	53	31	40	37	246	37	44	58	72	38	36	285
Cowichan	1	5	2	4	3	3	18	4	5	6	....	7	4	26
Esquimalt	3	4	3	1	.....	2	13	1	4	7	4	4	1	21
Oak Bay	3	.....	2	1	3	.....	9	1	.....	.....	2	2	1	6
Saanich	2	4	1	2	5	3	17	4	2	2	3	5	4	20
Totals	53	54	61	39	51	45	303	47	55	73	81	56	46	358
Nanaimo Division.														
Nanaimo City	9	10	10	15	9	6	59	12	7	15	10	6	9	59
Alert Bay	.....	2	.....	.....	1	.....	3	.....	1	1	1	2	1	6
Comox	5	9	4	8	7	11	44	8	4	15	10	6	9	46
Ladysmith	2	3	3	....	2	2	12	5	1	2	2	3	4	17
Totals	16	24	17	23	19	19	118	25	13	33	25	13	19	128
Vancouver Division.														
Vancouver City	132	89	140	128	111	116	716	98	104	106	154	131	88	681
South Vancouver	15	9	6	6	3	11	50	9	6	9	10	6	12	52
Point Grey	2	5	2	.....	1	2	12	4	6	4	9	5	4	32
North Vancouver City	8	5	5	4	7	2	31	3	2	3	5	2	2	17
North Vancouver District	2	2	2	2	.....	1	9	3	1	....	.....	2	1	7
West Vancouver	.....	.....	1	.....	.....	1	2	.....	.....	1	....	.....	.....	1
Richmond	2	2	4	2	5	.....	15	3	4	5	3	3	1	19
Vancouver (outside)	1	...	3	1	2	3	10	.....	5	2	1	1	2	11
Totals	162	112	163	143	129	136	845	120	128	130	182	150	110	820
New Westminster Division.														
New Westminster City	25	16	19	31	15	20	126	23	20	24	23	23	20	133
Burnaby	5	2	1	6	4	4	22	5	4	3	6	1	2	21
Chilliwack	3	4	3	3	5	....	18	8	4	2	3	1	2	20
New Westminster (outside)	18	8	10	19	11	21	96	13	13	14	15	13	15	83
Totals	51	30	42	59	35	45	262	49	41	43	47	38	39	257
Ashcroft Group.														
Ashcroft	1	.....	.....	.....	.....	1	2	2	.....	.....	1	2	.....	5
Barkerville	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fort George	1	2	.....	1	2	.....	6	1	1	1	4	1	1	9
Tete Jaune Cache	.....	.....	.....	1	.....	.....	1	.....	1	1	1	.....	1	4
Clinton	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	1	1
Lillooet	.....	.....	.....	2	.....	2	4	.....	.....	.....	.....	1	.....	1
Quesnel	.....	.....	2	.....	1	.....	3	1	1	1	.....	1	.....	4
150-Mile House	1	2	1	.....	.....	.....	4	.....	2	1	1	.....	.....	4
Yale	.....	1	9	1	1	.....	12	.....	.....	....	.....	.....	.....	.....
Totals	3	5	12	5	5	3	33	4	5	4	7	5	3	28
Fairview Group.														
Fairview	2	5	3	6	1	3	20	2	3	3	1	3	1	13
Greenwood	1	3	3	8	2	2	19	1	2	3	.....	.....	3	9
Grand Forks	2	6	6	1	1	3	19	1	2	.....	2	3	2	10
Kamloops	29	14	12	14	16	13	98	3	18	9	13	11	8	62
Nicola	.....	6	.....	1	3	.....	10	2	.....	5	2	3	.....	12
Princeton	1	1	3	.....	.....	.....	5	.....	1	3	1	.....	1	[illegible]
Vernon	7	8	8	8	9	2	42	8	6	11	15	10	3	53
Totals	42	43	35	38	32	23	213	17	32	34	34	30	18	165
Beaton Group.														
Beaton	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cranbrook	.....	.....	.....	7	3	5	15	8	6	8	6	.....	8	36
Fernie	14	3	14	10	28	6	75	6	9	5	8	8	10	46
Golden	2	.....	1	1	1	4	9	1	.....	.....	3	1	2	7
Kaslo	7	2	3	3	1	3	19	1	2	1	1	1	.....	6
Nakusp	1	.....	.....	.....	2	1	4	1	1	.....	.....	1	.....	3
Nelson	10	14	[illegible]	13	9	12	64	12	8	5	14	6	9	54
New Denver	3	.....	.....	3	.....	1	7	1	.....	2	1	1	.....	5
Revelstoke	3	9	5	4	.....	3	24	4	4	4	4	8	5	29
Rossland	3	4	3	3	2	3	18	2	.....	3	2	.....	4	11
Slocan City	1	.....	.....	.....	1	.....	2	.....	.....	.....	1	.....	.....	1
Trail	5	.....	2	2	4	1	14	2	1	5	2	1	2	13
Trout Lake	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Wilmer	1	1	.....	.....	.....	1	3	1	1	.....	.....	.....	.....	2
Totals	50	33	34	46	51	40	254	39	32	33	42	27	40	213

PRELIMINARY TABLES SHOWING DEATHS BY DIVISIONS OR GROUPS OF DIVISIONS, BY MONTHS—*Concluded.*

Divisions and Groups of Divisions.	1917.							1918.						
	Jan.	Feb.	Mar.	Apr.	May.	June	Totals.	Jan.	Feb.	Mar.	Apr.	May.	June	Totals.
Alberni Group.														
Alberni	3	2	.....	.....	2	3	10	4	1	1	.....	1	.....	7
Atlin	.....	.....	1	.....	.....	.....	1	1	....	.....	1	.....	.....	2
Bella Coola	1	1	.....	.....	.....	....	2	1	.....	2	3	....	2	8
Clayoquot	....	.....	.....	1	.....	.....	1	.....	.....	.....	....	1	.....	1
Anyox	.....	....	.....	.....	.....	.....	.....	....	2	4	2	2	1	11
Fort Fraser	.....	1	1	1	2	.....	5	.....	.....	1	.....	.....	1	2
Hazelton	4	2	2	2	.....	.....	10	3	.....	.....	1	1	1	6
Fort St. John	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	2
Hudson Hope	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pouce Coupe	.....	.....	.....	.....	1	1	2	.....	1	1	.....	....	1	3
Porter's Landing	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Prince Rupert	5	7	5	4	7	6	34	5	6	2	4	5	2	24
Quatsino	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	2
Queen Charlotte	.....	.....	2	.....	....	.....	2	.....	1	1	3	1	....	6
Stewart	.....	.....	1	.....	.....	....	1	.....	....	.....	.....	1	.....	1
Telegraph Creek	.....	1	.....	.....	.....	1	2	1	.....	.....	....	1	.....	2
Totals	13	14	12	8	12	11	70	17	12	13	14	13	8	77
Grand totals	390	315	376	361	334	322	2,098	318	318	363	432	332	283	2,046

PRELIMINARY TABLES SHOWING BIRTHS FOR DIVISIONS.

	JANUARY TO JUNE, 1917.							JANUARY TO JUNE, 1918.						
	Jan.	Feb.	Mar.	April.	May.	June.	Totals.	Jan.	Feb.	Mar.	April.	May.	June.	Totals.
Ashcroft Group.														
Ashcroft	1	1	.	1	2	4	9	..	2	3	1	3	1	10
Barkerville	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fort George	2	4	5	3	4	4	22	..	5	5	2	6	1	19
Tete Jaune Cache	..	..	1	..	..	..	1	.	1	..	1	1	1	4
Clinton	..	..	..	1	2	..	3	..	..	..	1	..	..	1
Lillooet	..	..	..	..	..	1	1	..	..	..	..	1	..	1
Quesnel	..	..	4	..	1	1	6	..	1	..	1	1	..	3
150-Mile House	..	..	..	..	3		3	..	1	..	..	..	1	2
Yale	2	.	2	7	1	1	13	..	1	..	4	..	1	6
Totals	5	5	12	12	13	11	58	..	11	8	10	12	5	46
Fairview Group.														
Fairview	..	2	14	5	..	8	29	..	2	..	10	3	6	21
Greenwood	..	4	3	4	5	6	22	..	1	5	6	4	10	26
Grand Forks	1	2	7	3	6	5	24	..	1	4	8	5	9	27
Kamloops	1	14	15	24	11	16	81	1	11	16	12	27	27	94
Nicola	..	1	2	5	6	4	18	..	2	3	6	4	9	24
Princeton	..	..	1	4	1	3	9	..	2	2	2	2	2	10
Vernon	..	20	25	24	25	15	109	1	13	31	17	28	17	107
Totals	2	43	67	69	54	57	292	2	32	61	61	73	80	309
Beaton Group.														
Beaton	..	..	1	1	.	..	2	..	.	..	..	..	..	..
Cranbrook	1	2	8	10	8	5	34	3	11	8	7	12	8	49
Fernie	7	14	13	14	13	16	77	10	11	9	11	8	15	64
Golden	..	1	4	5	2	1	13	..	3	2	4	1	3	13
Kaslo	..	3	4	4	1	1	13	..	..	4	1	2	1	8
Nakusp	1	..	..	..	1	..	2	..	2	..	2	1	4	9
Nelson	2	4	8	21	9	15	59	..	6	10	17	15	11	59
New Denver	..	1	2	1	1	1	6	..	1	..	..	3	5	9
Revelstoke	1	11	7	9	13	13	54	1	10	6	9	14	4	44
Rossland	1	3	3	2	4	3	16	..	2	..	5	5	7	19
Slocan	1	..	4	..	..	1	6	..	..	..	..	..	.	..
Trail	5	9	15	18	4	6	57	2	7	9	13	13	9	53
Trout Lake	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wilmer	1	..	1	2	2	3	9	..	1	1	1	1	2	6
Totals	20	48	70	87	58	65	348	16	54	49	70	75	69	333
Victoria Division.														
Victoria City	16	45	58	62	59	63	303	15	35	54	60	63	45	272
Cowichan	..	6	4	8	8	7	33	1	6	5	8	4	7	31
Esquimalt	2	..	8	1	7	3	21	..	3	9	2	6	4	24
Oak Bay	..	2	3	5	1	5	16	..	..	3	1	3	4	11
Saanich	3	4	3	10	8	6	34	1	4	6	5	9	14	39
Totals	21	57	76	86	83	84	407	17	48	77	76	85	74	377
Nanaimo Division.														
Nanaimo City	2	11	26	16	20	18	93	5	14	21	20	12	23	95
Alert Bay	..	..	..	2	2	..	4	..	1	1	..	.	3	5
Comox	..	6	9	18	17	11	61	3	5	6	12	16	13	55
Ladysmith	1	7	5	7	5	5	30	1	2	2	4	2	3	14
Totals	3	24	40	43	44	34	188	9	22	30	36	30	42	169
New Westminster Div.														
New Westminster City	6	11	23	28	38	32	138	5	12	26	32	27	25	127
Burnaby	5	11	9	7	12	13	57	2	9	8	6	10	12	47
Chilliwack	.	9	3	10	5	8	35	1	3	5	3	5	3	20
Outside	3	18	18	24	22	32	117	2	11	3	28	25	24	113
Totals	14	49	53	69	77	85	347	10	35	62	69	67	64	307
Vancouver Division.														
Vancouver City	44	92	148	146	178	200	808	55	135	194	175	261	177	997
South Vancouver	8	26	36	29	42	38	179	6	20	36	35	31	24	152
Point Grey	..	1	9	5	9	9	33	..	3	9	9	17	5	43
North Vancouver City	1	3	13	10	6	12	45	1	10	8	14	13	17	63
North Vancouver District	..	..	5	2	2	4	13	..	..	3	3	2	2	10
West Vancouver	..	..	..	..	1	2	3	..	..	..	1	1	1	3
Richmond	11	8	11	19	10	9	68	11	9	14	8	4	12	58
Unorganized	1	3	9	8	2	8	31	1	3	4	8	2	4	22
Totals	65	133	231	219	250	282	1,180	74	180	268	253	331	242	1,348

PRELIMINARY TABLES SHOWING BIRTHS FOR DIVISIONS—*Concluded.*

	JANUARY TO JUNE, 1917.							JANUARY TO JUNE, 1918.						
	Jan.	Feb.	Mar.	April.	May.	June.	Totals.	Jan.	Feb.	Mar.	April.	May.	June.	Totals.
Alberni Group.														
Alberni	2	..	3	2	4	4	15	..	2	2	2	3	1	10
Anyox	..	..	..	..	..	..	..	1	4	2	4	1	2	14
Atlin	..	..	..	1	..	..	1	1	..	..	..	..	..	1
Bella Coola	..	..	2	..	..	1	3	..	1	1	3	..	3	8
Clayoquot	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fort Fraser	..	..	..	1	2	..	3	..	..	1	..	2	2	5
Hazelton	2	2	2	4	4	3	17	3	1	3	2	5	1	15
Fort St. John	..	..	..	1	..	..	1	..	1	..	..	..	..	1
Hudson Hope	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pouce Coupe	..	1	..	..	4	4	9	..	..	..	1	1	..	2
Porter's Landing	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Prince Rupert	2	6	15	14	9	14	60	2	6	5	9	14	4	40
Quatsino	..	..	1	..	..	..	1	..	..	..	..	..	2	2
Queen Charlotte	..	..	1	3	..	..	4	3	1	..	3	2	..	9
Stewart	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Telegraph Creek	..	..	..	..	..	1	1	..	1	..	..	..	..	1
Totals	6	9	24	26	23	28	116	10	17	14	24	28	15	108
Grand totals	136	368	573	611	602	646	2,936	138	399	569	599	701	591	2,997

DEATHS, FIRST SIX MONTHS, 1918.

Mining Division.	Under 1 year, including still-born.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, 1918.	Total, 1917.	Increase.	Decrease.	Still-born.
Ainsworth—																						
Kaslo	2	..	..	..	1	....	....	....	....	....	2	1	..	..	3	3	..	6	19	....	13	1
Arrow Lake—																						
Nakusp	....	..	..	..	....	....	....	....	1	2	....	..	..	..	2	1	..	3	4	....	1	..
Atlin—																						
Atlin	....	..	..	..	..	....	1	....	1	....	....	..	..	..	1	1	..	2	1	1	....	..
Ashcroft—																						
Ashcroft	....	..	..	..	1	....	....	1	....	2	1	..	..	..	2	3	..	5	2	3	....	..
Alberni—																						
Alberni	....	..	..	..	..	....	2	1	1	3	....	..	..	..	4	3	..	7	10	....	3	..
Bella Coola—																						
Bella Coola	....	..	..	..	..	1	2	2	2	....	....	..	1	..	8	....	..	8	2	6	....	..
Cariboo—																						
Barkerville	....	..	..	..	..	....	....	....	....	....	....	..	..	..	....	....	..	....	....	....	....	..
Fort George	..	..	2	..	1	1	2	....	1	....	2	..	..	..	5	4	..	9	6	3	....	..
Tete Jaune Cache	....	..	..	..	1	..	3	....	....	....	....	..	..	..	4	....	..	4	1	3	....	..
Clayoquot—																						
Clayoquot	....	..	..	..	..	....	....	....	....	....	1	..	..	..	1	....	..	1	1	....	....	..
Clinton—																						
Clinton	....	..	1	..	..	....	....	....	....	....	....	..	..	..	1	....	..	1	1	....	....	..
Fort Steele—																						
Cranbrook	10	1	2	..	2	1	6	3	5	5	1	..	..	..	24	12	..	36	15	21	....	2
Fernie	12	3	2	3	1	4	7	7	4	2	....	..	..	1	33	13	..	46	75	....	29	5
Greenwood—																						
Greenwood	1	..	..	2	..	....	1	4	....	1	....	..	..	..	6	3	..	9	19	....	10	..
Grand Forks—																						
Grand Forks	5	..	1	1	..	....	....	....	2	1	....	..	..	..	6	4	..	10	19	....	9	..
Golden—																						
Golden	1	..	..	..	1	3	....	....	2	....	....	..	..	..	6	1	..	7	9	....	2	..
Kamloops—																						
Kamloops	4	..	1	2	4	9	9	7	11	6	3	6	..	..	48	14	..	62	98	....	36	1
Liard—																						
Porter's Landing	....	..	..	..	..	....	....	....	....	....	....	..	..	..	....	....	..	....	....	....	....	..
Lardeau—																						
Beaton	....	..	..	..	..	....	....	....	....	....	....	..	..	..	....	....	..	....	....	....	....	..
Lillooet—																						
Lillooet	1	..	..	..	..	....	....	....	....	....	....	..	..	..	....	1	..	1	4	....	3	..
Nicola—																						
Nicola	4	..	..	..	..	....	3	....	3	....	2	..	..	..	7	5	..	12	10	2	....	..
Nelson—																						
Nelson	6	1	..	1	7	4	5	7	5	13	3	2	..	..	33	21	..	54	64	....	10	3
New Westminster—																						
New Westminster	21	2	5	2	4	7	16	21	16	16	18	5	..	..	83	50	..	133	126	7	....	9
Burnaby	4	..	..	1	2	....	1	4	....	1	5	3	..	..	12	9	..	21	22	....	1	1
Chilliwack	4	..	1	..	..	....	2	1	4	4	3	..	..	1	16	4	..	20	18	2	....	1
Outside	10	3	7	2	2	4	13	4	10	7	16	4	..	1	57	26	..	83	96	....	13	2
Nanaimo—																						
Nanaimo	5	..	..	2	3	5	2	9	14	10	5	3	..	1	40	19	..	59	59	....	....	..
Alert Bay	....	..	1	1	..	1	1	....	1	..	..	1	..	..	6	....	..	6	3	3	....	..
Comox	7	2	2	..	..	9	8	1	5	4	3	4	..	1	34	12	..	46	44	2	....	..
Ladysmith	....	2	2	..	1	2	....	2	4	2	....	2	....	....	13	4	..	17	12	5	....	..
Osoyoos—																						
Fairview	3	1	..	..	..	1	2	2	1	1	1	1	....	....	10	3	..	13	20	....	7	..
Omineca—																						
Hazelton	....	..	..	..	..	....	3	1	2	....	....	..	..	..	5	1	..	6	10	....	4	..
Fort Fraser	2	..	..	..	..	....	....	....	....	....	....	..	..	..	1	1	..	2	5	....	3	1
Portland Canal—																						
Stewart	....	..	..	..	..	....	1	....	....	....	....	..	..	..	1	....	..	1	1	....	....	..
Peace River—																						
Fort St. John	1	..	..	..	..	....	1	....	....	....	....	..	..	..	2	....	..	2	....	2	....	..
Hudson Hope	....	..	..	..	..	....	....	....	....	....	....	..	..	..	....	....	..	....	....	....	....	..
Ponce Coupe	....	..	..	1	..	....	....	1	....	....	....	1	..	..	2	1	..	3	2	1	....	..
Quesnel—																						
Quesnel	....	..	..	..	..	1	....	1	1	1	....	..	..	..	3	1	..	4	3	1	....	..
150-Mile House	1	..	..	..	..	....	....	1	....	1	1	..	..	..	2	2	..	4	4	....	....	..
Quatsino—																						
Quatsino	....	..	..	..	..	....	....	1	....	....	1	..	..	..	2	....	..	2	....	2	....	..
Queen Charlotte—																						
Queen Charlotte City	1	..	..	..	..	..	2	....	2	1	....	..	..	..	5	1	..	6	2	4	....	1
Revelstoke—																						
Revelstoke	4	2	1	..	..	3	4	2	5	6	1	1	..	..	19	10	..	29	24	5	...	..
Similkameen—																						
Princeton	2	..	..	..	1	1	1	....	....	....	1	..	..	..	2	4	..	6	5	1	....	1
Slocan—																						
New Denver	....	..	..	..	..	....	1	1	3	....	....	..	..	..	4	1	..	5	7	....	2	..
Slocan City Division—																						
Slocan City	....	..	..	..	..	....	....	....	....	..	....	....	1	..	..	1	..	1	2	....	1	..
Carried forward	111	17	28	18	32	57	99	84	106	89	70	35	1	5	513	239	..	752	825	74	147	28

DEATHS, FIRST SIX MONTHS, 1918—*Concluded.*

Mining Division.	Under 1 year, including still-born.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, 1918.	Total, 1917.	Increase.	Decrease.	Still-born.
Brought forward	111	17	28	18	32	57	99	84	106	89	70	35	1	5	513	239	..	752	825	74	147	28
Stikine—																						
Telegraph Creek	....	....	....	....	....	....	1	....	1	....	....	....	....	....	2	....	..	2	2	....	....	..
Skeena—																						
Prince Rupert	5	1	1	1	1	2	3	6	2	....	2	..	..	..	17	7	..	24	34	....	10	..
Anyox	3	..	..	..	..	....	4	....	3	2	....	..	..	..	10	1	..	11	....	11	....	..
Trail Creek—																						
Rossland	1	..	..	..	..	2	2	1	2	2	....	1	..	..	8	3	..	11	18	....	7	..
Trail	4	1	1	1	1	1	1	1	1	1	....	..	..	..	10	3	..	13	14	....	1	..
Trout Lake—																						
Trout Lake	....	..	..	..	..	....	....	....	....	....	....	..	..	..	....	..	..	....	....	....	....	..
Vernon—																						
Vernon	5	1	1	2	5	6	7	4	5	6	6	3	..	2	30	23	..	53	42	11	....	1
Vancouver—																						
Vancouver City	135	13	18	15	28	53	81	100	87	81	43	24	3	..	400	281	..	681	716	....	35	40
North Vancouver	2	2	..	..	1	1	....	....	1	6	1	3	..	..	14	3	..	17	31	....	14	..
North Vancouver District	2	..	..	..	1	....	1	1	....	..	2	..	..	..	2	5	..	7	9	....	2	..
South Vancouver	13	6	..	1	3	....	3	3	4	8	10	..	1	..	22	30	..	52	50	2	....	7
West Vancouver	....	..	..	..	..	..	....	....	....	....	1	..	..	..	1	....	..	1	2	....	1	..
Point Grey	5	..	1	..	2	2	1	6	4	8	3	..	..	..	23	9	..	32	12	20	....	1
Richmond	8	1	..	1	..	2	....	1	4	....	1	1	..	..	12	7	..	19	15	4	..	..
Unorganized	2	..	1	..	1	....	3	....	3	....	....	1	..	..	9	2	..	11	10	1	....	..
Victoria—																						
Victoria City	41	2	6	4	16	24	32	40	26	36	34	18	4	2	168	117	..	285	246	39	....	13
Cowichan	8	..	1	..	1	2	1	3	3	2	3	2	..	..	18	8	..	26	18	8	....	..
Esquimalt	2	..	1	..	1	8	3	1	3	....	....	2	..	..	16	5	..	21	13	8	....	..
Oak Bay	2	..	..	..	..	....	....	....	1	2	....	1	..	..	4	2	..	6	9	....	3	1
Saanich	3	1	..	..	2	..	1	2	2	4	....	3	2	..	15	5	..	20	17	3	....	1
Windermere—																						
Wilmer	....	..	..	..	..	1	....	....	....	1	....	..	..	..	2	....	..	2	3	....	1	..
Yale—																						
Yale	....	..	..	..	..	....	....	....	....	....	....	..	..	..	....	....	..	....	12	....	12	..
Totals	352	45	58	44	93	161	244	248	259	244	181	97	11	9	1296	750	..	2046	2098	181	233	92

MARRIAGES, 1918.

NUMBER OF MARRIAGES.

Victoria Division—		
Victoria City	201	
Cowichan	7	
Esquimalt	4	
Oak Bay	4	
Saanich	7	
		223
Nanaimo Division—		
Nanaimo	45	
Alert Bay	2	
Comox	15	
Ladysmith	5	
		67
Vancouver Division—		
Vancouver City	624	
South Vancouver	52	
Point Grey	24	
North Vancouver City	20	
North Vancouver District	5	
West Vancouver	..	
Richmond	3	
Vancouver (outside)	3	
		731
New Westminster Division—		
New Westminster City	89	
Burnaby	8	
Chilliwack	19	
New Westminster (outside)	19	
		135
Ashcroft Group—		
Ashcroft	3	
Barkerville	..	
Fort George	8	
Tete Jaune Cache	..	
Clinton	1	
Lillooet	..	
Quesnel	1	
150-Mile House	4	
Yale	1	
		18
Fairview Group—		
Fairview	11	
Greenwood	7	
Carried forward	18	1,174

Brought forward	18	1,174
Fairview Group—*Concluded.*		
Grand Forks	14	
Kamloops	45	
Nicola	7	
Princeton	2	
Vernon	29	
		115
Alberni Group—		
Alberni	5	
Anyox	3	
Atlin	2	
Bella Coola	2	
Clayoquot	..	
Fort Fraser	3	
Hazelton	7	
Fort St. John	..	
Hudson Hope	..	
Pouce Coupe	4	
Porter's Landing	..	
Prince Rupert	21	
Quatsino	..	
Queen Charlotte	..	
Stewart	..	
Telegraph Creek	..	
		47
Beaton Group—		
Beaton	..	
Cranbrook	21	
Fernie	29	
Golden	6	
Kaslo	3	
Nakusp	2	
Nelson	25	
New Denver	3	
Revelstoke	4	
Rossland	3	
Slocan City	..	
Trail	9	
Trout Lake	..	
Wilmer	2	
		107
Grand total		1,443

MARRIAGES, JANUARY TO JUNE (INCLUSIVE), 1918.

BRIDEGROOM AND BRIDE BORN IN SAME COUNTRY.

Austria	6
Belgium	1
British Columbia	65
Canada	107
China	5
England	135
Finland	4
Germany	2
Holland	1
Hungary	1
Ireland	10
Italy	11
Japan	7
Carried forward	355

Brought forward	355
Newfoundland	1
Norway	4
Not given	3
Palestine	1
Poland	1
Russia	11
Scotland	36
Sweden	5
United States of America	120
Wales	3
Total	540

MARRIAGES, JANUARY TO JUNE (INCLUSIVE), 1918—*Continued.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES.

PLACE OF BIRTH.		Number of Marriages.
Groom.	Bride.	
Scotland	Australia	1
"	British Columbia	17
"	Canada	20
"	China	2
"	England	30
"	Iceland	1
"	Ireland	4
"	New South Wales	1
"	United States of America	11
"	Wales	1
Total		88
Wales	British Columbia	1
"	Canada	1
"	Russia	1
Total		3
Ireland	British Columbia	5
"	British West Indies	1
"	Canada	10
"	England	12
"	India	1
"	Scotland	6
"	United States of America	3
Total		38
United States of America	British Columbia	42
"	Canada	54
"	England	40
"	France	1
"	Germany	2
"	Holland	1
"	Not given	2
"	Russia	1
"	Scotland	10
"	Sweden	5
"	Isle of Man	1
"	Italy	1
Total		160
British Columbia	Australia	1
"	Canada	32
"	Canary Islands	1
"	Denmark	1
"	England	22
"	Falkland Islands	1
"	Germany	1
"	Ireland	1
"	Newfoundland	1
"	New Zealand	1
"	Poland	1
"	Scotland	12
"	Sweden	1
"	United States of America	18
"	Wales	2
Total		96
Canada	Australia	2
"	Belgium	1
"	British Columbia	68
"	Channel Islands	1
"	England	42
"	France	2
"	Hawaii	1
"	India	1
"	Ireland	9
"	Newfoundland	3
"	New South Wales	1
"	Scotland	16
"	South Africa	1
"	United States of America	62
"	Wales	2
"	Norway	2
Total		214

PLACE OF BIRTH.		Number of Marriages.
Groom.	Bride.	
England	Australia	2
"	Belgium	1
"	Bermuda	1
"	British Columbia	45
"	Canada	51
"	Finland	1
"	Germany	1
"	Ireland	8
"	Monte Video	1
"	Newfoundland	2
"	Not given	1
"	Palestine	1
"	Scotland	26
"	Shetland Islands	1
"	South Africa	3
"	Sweden	2
"	United States of America	25
"	Wales	1
Total		173
Australia	British Columbia	2
"	England	1
"	Scotland	4
Austria	British Columbia	1
"	England	1
"	Russia	1
"	United States of America	2
British West Indies	British Columbia	1
"	England	1
"	United States of America	2
Brazil	Canada	1
China	British Columbia	1
"	United States of America	1
Corsica	France	1
Denmark	Canada	2
"	England	1
"	Scotland	2
"	United States of America	3
Falkland Islands	England	1
Finland	British Columbia	1
"	Canada	1
"	Ireland	2
France	Canada	1
"	Spain	1
"	Switzerland	1
Galicia	British Columbia	1
Germany	Belgium	1
"	Wales	1
Greece	Canada	1
"	England	2
Holland	Canada	1
"	England	1
India	Argentine	1
"	British Columbia	2
"	England	1
"	S. Africa	1
Isle of Man	British Columbia	1
"	Scotland	2
Italy	Belgium	2
"	British Columbia	9
"	England	2
"	Scotland	2
"	Sweden	1
Japan	England	1
"	United States of America	1
Java	United States of America	1
Newfoundland	British Columbia	2
"	Canada	1
"	England	2
"	France	1
"	United States of America	1
New Zealand	Australia	1
Norway	British Columbia	2
"	Canada	1
"	England	3
"	Russia	1
"	Scotland	3
Carried forward		89

MARRIAGES, JANUARY TO JUNE (INCLUSIVE), 1918—*Continued.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES—*Concluded.*

PLACE OF BIRTH.		Number of Marriages.	PLACE OF BIRTH.		Number of Marriages.
Groom.	Bride.		Groom.	Bride.	
Brought forward		89	*Brought forward*		111
Norway	Sweden	1	Sweden	Canada	3
"	United States of America	8	"	England	5
Poland	Bohemia	1	"	Finland	1
"	Holland	1	"	Germany	1
Porto Rico	Belgium	1	"	Italy	1
Russia	British Columbia	2	"	Orkney Islands	1
"	United States of America	1	"	Scotland	1
Servia	British Columbia	1	"	Spain	1
Silesia	England	1	"	United States of America	2
South Africa	Scotland	1	Switzerland	British Columbia	1
"	United States of America	2	"	England	2
Spain	Canada	1	"	Scotland	1
Sweden	British Columbia	1	Total		131
Carried forward		111			

NOTE.—Grand total, 1,443.

BRIDEGROOM AND BRIDE OF SAME DENOMINATION.

Denomination.	Number of Marriages.	Denomination.	Number of Marriages.
Adventist	1	*Brought forward*	271
Anglo-Catholic	1		
Baptist	32	Greek Orthodox	2
Brethren	2	Jewish	10
Christadelphian	1	Lutheran	24
Christian	3	Methodist	117
Christian Science	4	New Thought	1
Church of China	1	None	1
Church of England	219	Not given	3
Church of Ireland	1	Presbyterian	218
Confucian	1	Protestant	11
Congregational	2	Quaker	1
Doukhobor	1	Roman Catholic	107
Greek Catholic	2	Salvation Army	4
Carried forward	271	Total	770

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS.

Groom.	Bride.	Number of Marriages.		Groom.	Bride.	Number of Marriages.	
Adventist-Protestant	Baptist	1		*Brought forward*		4	16
Apostolic	Salvation Army	1					
Church of Our Lord	Presbyterian	1		Not given	Church of England	1	
Golden Rule	Church of England	1		"	Roman Catholic	2	
Greek Orthodox	Church of England	2		Quaker	Church of England	2	
Jewish	Church of England	1		"	Roman Catholic	1	
Mohammedan	Methodist	1		Reformed Episcopal	Church of England	2	
Mormon	Church of England	1		"	Methodist	1	
Orthodox	Church of England	1		Salvation Army	Church of England	1	
Orthodox Catholic	Roman Catholic	1		"	Roman Catholic	1	
Quaker	Church of England	2		Undenominational	Church of England	1	
Russian Church	Church of England	1		"	Congregational	1	
Salvation Army	Methodist	1		Unitarian	Christian	1	
Spiritualist	Methodist	1		"	Presbyterian	1	
			16	Universalist	Baptist	1	
Church of Ireland	Presbyterian	1		"	Methodist	1	
"	Roman Catholic	1					21
Freethinker	Congregational	1		Baptist	Brethren	2	
"	Methodist	1		"	Christian	2	
Carried forward		4	16	*Carried forward*		4	37

MARRIAGES, JANUARY TO JUNE (INCLUSIVE), 1918—*Concluded.*

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS—*Concluded.*

Groom.	Bride.	Number of Marriages.	
Brought forward..	.....	4	37
Baptist—*Con.*	Church of England	8	
"	Church of Ireland	1	
"	Latter Day Saints	1	
"	Lutheran	4	
"	Methodist	13	
"	Presbyterian	13	
"	Protestant	1	
"	Roman Catholic	4	
		—	49
Christian	Christian Science	1	
"	Church of England	2	
"	Confucian	2	
"	Lutheran	1	
"	Methodist	1	
"	Nazarene	1	
"	Roman Catholic	1	
		—	9
Church of England	Baptist	8	
"	Brethren	2	
"	Church of Ireland	1	
"	Congregational	1	
"	Lutheran	3	
"	Methodist	35	
"	Not given	1	
"	None	1	
"	Presbyterian	60	
"	Reformed Episcopal	3	
"	Roman Catholic	13	
"	Salvation Army	2	
"	Unitarian	1	
		—	131
Congregational	Baptist	2	
"	Christian Science	1	
"	Church of England	4	
"	Lutheran	1	
"	Methodist	2	
"	Presbyterian	3	
"	Roman Catholic	2	
		—	15
Lutheran	Baptist	3	
"	Church of England	13	
"	Christian	1	
"	Evangelical	1	
"	Methodist	3	
"	Presbyterian	16	
"	Protestant	1	
"	Roman Catholic	8	
"	Salvation Army	1	
		—	47
Methodist	Baptist	18	
"	Brethren	1	
"	Christian	2	
Carried forward..	.....	21	288

Groom.	Bride.	Number of Marriages.	
Brought forward.	.....	21	288
Methodist—*Con.*	Christian Science	2	
"	Church of England	36	
"	Church of Ireland	2	
"	Congregational	1	
"	Latter Day Saints	1	
"	Lutheran	10	
"	Presbyterian	38	
"	Protestant	1	
"	Reformed Episcopal	1	
"	Roman Catholic	11	
		—	124
None	Baptist	2	
"	Church of England	1	
"	Lutheran	1	
"	Methodist	1	
"	Roman Catholic	4	
		—	9
Protestant	Adventist	1	
"	Church of England	2	
"	Congregational	1	
"	Methodist	2	
"	Presbyterian	2	
"	Roman Catholic	4	
		—	12
Presbyterian	Adventist	1	
"	Baptist	16	
"	Bible Student	1	
"	Christian	2	
"	Christian Science	3	
"	Church of England	72	
"	Congregational	4	
"	Lutheran	9	
"	Methodist	36	
"	Protestant	1	
"	Reformed Episcopal	1	
"	Roman Catholic	21	
"	Salvation Army	1	
"	Scotch Episcopal	1	
"	Spiritualist	1	
"	Not given	3	
		—	173
Roman Catholic	Baptist	7	
"	Christian	1	
"	Church of England	24	
"	Church of Ireland	1	
"	Evangelical Lutheran	1	
"	Lutheran	5	
"	Methodist	11	
"	None	1	
"	Presbyterian	15	
"	Salvation Army	1	
		—	67
	Total		673
	Bridegroom and Bride same denomination		770
	Grand total		1,443

The immediately following tables refer to Indians exclusively:—

	Registrations of Births in 1917 and 1918.			Total Registrations.		Births in 1918.			Total Births.	
	Male.	Female.	Sex not given.	Jan.-June 1918.	1917 (12 mos.)	Male.	Female.	Sex not given.	Jan.-June 1918.	1917 (12 mos.)
*Cowichan	..	..	..	..	2	..	..	..	..	2
West Coast	6	6	..	12	37	2	4	..	6	40
Babine	4	5	..	9	5	..	1	.	1	6
Bella Coola	8	4	..	12	12	4	3	..	7	12
Kamloops	17	17	..	34	3	1	1	..	2	3
Kootenay	9	13	..	22	14	4	4	..	..	14
Lytton	13	14	..	27	9	11	9	..	20	7
Nass	7	3	..	10	9	7	3	..	10	8
New Westminster	1	1	..	2	1	1	1	..	2	3
*Okanagan	..	..	.	..	..	..	..	..	..	..
Queen Charlotte	7	9	..	16	8	5	9	..	14	10
Stikine	6	4	..	10	16	2	2	..	4	14
Stuart Lake	25	23	..	48	24	6	7	..	13	23
*Williams Lake	..	..	..	..	..	..	..	..	..	..
Kwawkewlth	..	2	..	2	..	..	2	..	2	2
Totals	103	104	..	204	140	43	46	..	89	144

*No reports received from January to June, 1918.

PRELIMINARY TABLES SHOWING INDIAN BIRTHS BY DIVISIONS.

Agency.	January.	February.	March.	April.	May.	June.	Total.
*Cowichan	..	..	..	..	..	..	..
West Coast	..	3	1	.	..	2	6
Babine	..	..	.	..	..	1	1
Bella Coola	..	..	7	..	..	..	7
Kamloops	..	..	2	..	..	..	2
Kootenay	..	3	2	3	..	..	8
Lytton	..	1	..	6	..	13	20
Nass	..	5	3	..	..	2	10
New Westminster	..	2	..	..	..	..	2
*Okanagan	.	.	..	..	..	..	..
Queen Charlotte	..	..	13	..	..	1	14
Stikine	..	1	..	1	..	2	4
Stuart Lake	..	8	..	..	.	5	13
*Williams Lake	..	..		..	..	..	..
Kwawkewlth	.	2	..	.	..	..	2
Totals	..	25	28	10	..	26	89

*No returns received from January to June, 1918.

REGISTRATIONS OF DEATHS IN AGENCIES.

	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Total Jan. to June, 1918.	Total year 1917.
Cowichan	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	55
West Coast	3	1	4	3	4	3	3	4	2	1	3	..	..	..	17	14	31	35
Babine	4	1	..	1	..	..	..	..	..	..	..	..	..	..	2	4	6	12
Bella Coola	2	1	2	1	4	5	2	..	1	2	..	..	..	1	11	10	21	20
Kamloops	1	..	1	..	1	1	2	..	..	..	..	1	..	1	6	2	8	29
Kootenay	1	1	1	..	4	..	..	1	3	2	4	1	..	..	7	11	18	31
Lytton	3	..	1	1	6	1	..	..	..	2	1	1	..	..	8	8	16	49
Nass	9	1	5	2	1	1	..	..	..	..	2	..	..	..	8	13	21	15
New Westminster	..	..	1	1	..	..	..	..	..	1	..	1	..	..	3	1	4	25
Okanagan	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queen Charlotte	..	1	..	1	2	1	..	..	1	1	..	..	..	..	4	3	7	8
Stikine	2	..	..	..	3	1	1	1	..	..	..	..	..	..	7	1	8	6
Stuart Lake	2	2	3	3	2	2	2	2	..	..	..	..	1	1	8	12	20	20
Williams Lake	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kwawkewlth	1	..	1	..	..	1	..	..	3	2	2	1	..	..	8	3	11	5
Totals	28	8	19	13	27	16	10	8	10	11	12	5	1	3	89	82	171	310

PRELIMINARY TABLES SHOWING INDIAN DEATHS BY DIVISIONS.

Agency.	January.	February.	March.	April.	May.	June.	Total.
*Cowichan	..	..	..	..	..	..	..
West Coast	4	5	6	9	2	5	31
Babine	..	4	..	..	..	2	6
Bella Coola	10	1	2	..	7	1	21
Kamloops	..	..	8	..	..	..	8
Kootenay	3	4	1	5	3	2	18
Lytton	5	1	3	..	1	6	16
Nass	..	16	4	..	..	1	21
New Westminster	..	1	1	1	..	1	4
*Okanagan	..	..	..	..	..	..	..
Queen Charlotte	1	..	2	2	..	2	7
Stikine	3	2	..	2	1	..	8
Stuart Lake	..	4	2	11	1	2	20
*Williams Lake	..	..	..	..	..	..	..
Kwawkewlth	3	5	..	3	..	..	11
Totals	29	43	29	33	15	22	171

* No returns received from January to June, 1918.

MARRIAGES, JANUARY TO JUNE, 1918.

Denomination.	Number of Marriages.	Denomination.	Number of Marriages.
Episcopalian	2	Methodist and Episcopalian	1
Methodist	16	Methodist and Roman Catholic	1
Roman Catholic	25	Methodist and Salvationist	1
Salvationist	1		
Total	44	Total	3

Total marriages, 47.

PRELIMINARY TABLES SHOWING INDIAN MARRIAGES BY DIVISIONS.

Agency.	January.	February.	March.	April.	May.	June.	Total.
*Cowichan	..	..	..	..	..	..	..
West Coast	1	..	..	..	..	1	2
Babine	..	3	..	..	..	..	3
Bella Coola	1	1	..	..	1	3	6
Kamloops	..	..	..	..	..	..	..
Kootenay	..	5	1	..	1	..	7
Lytton	..	..	..	5	..	4	9
Nass	5	3	..	..	..	4	12
New Westminster	..	..	..	4	..	..	4
*Okanagan	..	..	..	..	..	..	..
Queen Charlotte	..	..	..	..	..	..	..
Stikine	..	..	..	..	..	..	..
Stuart Lake	..	..	..	..	..	2	2
*Williams Lake	..	..	..	..	..	..	..
Kwawkewlth	..	2	..	..	..	..	2
Totals	7	14	1	9	2	14	47

* No returns received from January to June, 1918.

CAUSES OF DEATH. JANUARY

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—VICTORIA CITY.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.								
8	Whooping-cough	1							
9	Diphtheria and croup							1	
10	Influenza								
14	Dysentery						1		
20	Purulent infection and septicæmia						2		
28	Tuberculosis of the lungs								
28A	Tubercular laryngitis								
29	Acute miliary tuberculosis					1			
30	Tubercular meningitis								
31	Abdominal tuberculosis								
32	Pott's disease								
32A	Tuberculosis of the spine								
34A	Tuberculosis of kidney								
35A	Tuberculosis not specified								
37	Syphilis								
37A	Syphilis, congenital	1							
40	Cancer and other malignant tumours of the stomach, liver								1
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
42	Cancer and other malignant tumours of the female genital organs								
43	Cancer and other malignant tumours of the breast								
44A	Cancer of mediastinal lymphatic glands								
44B	Cancer of larynx								
45	Cancer and other malignant tumours of other organs, and of organs not specified								
45A	Cancer of bladder								
46	Other tumours (tumours of the female genital organs excepted)								
50	Diabetes								
54A	Anæmia, pernicious								
55A	Purpura hæmorrhagica	1							
	II.—Diseases of Nervous System and Organs of Special Sense.								
61	Meningitis		2						
61A	Basal meningitis								
61B	Cerebrospinal meningitis								
63A	Cerebral thrombosis								
64	Cerebral hæmorrhage, apoplexy								
66	Paralysis without specified cause								
69	Epilepsy								
71	Convulsions of infants	1	1	1					
	III.—Diseases of the Circulatory System.								
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								
79	Organic diseases of the heart								
79B	Chronic valvular disease								
79E	Mitral regurgitation								
79F	Mitral regurgitation complicated by nephritis								
79G	Cardiac asthma								
80	Angina pectoris								
81A	Atheroma								
81B	Aneurism								
81C	Arteriosclerosis								
82	Embolism and thrombosis								
	IV.—Diseases of the Respiratory System.								
86	Diseases of the nasal fosse								
89	Acute bronchitis								
91	Broncho-pneumonia	2							
92	Pneumonia	1	1	1			1	1	
92B	Septic pneumonia	3							
93	Pleurisy								
98A	Œdema of lungs								
98B	Pulmonary emboli								
	V.—Diseases of the Digestive System.								
102	Ulcer of the stomach								
103A	Pancreatitis								
103B	Gastric hæmorrhage								
103C	Hæmorrhagic pancreatitis								
103D	Hæmorrhage of intestines								
108	Appendicitis and typhlitis								
109	Hernias, intestinal obstructions								
110B	Intussusception and gangrene of bowels								
113	Cirrhosis of the liver								

TO JUNE (INCLUSIVE), 1918.

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
																				1			1
																				1			1
1		1									1		2							2	3		5
																					1		1
							1														3		3
3		3	3	6	2	5	2	2	1											18	9		27
						2				1										3			3
			1																	1	1		2
3			1																	3	1		4
			1	1																1	1		2
			1																		1		1
								1	1											1	1		2
				1																1			1
					1																1		1
						1					1									1	1		2
																				1			1
					1	3		2			3	2			2					7	7		14
						1	1						1							1	2		3
							1				1										2		3
							1				2										3		3
											1										1		1
									1												1		1
				1				1												2			2
											1	1								1	1		2
	1			1																1	1		2
								1												1			1
				1		1	1	2	1											4	2		6
																				1			1
1	1					1														2	3		5
										1										1			1
		1																		1			1
												1								1			1
				1	2	1		1	1		1	1	1	2						6	5		11
											1	2	1							2	2		4
									1												1		1
																				2	1		3
							1														1		1
			1			1														1	1		2
							1														1		1
				2				1		5	1	2	4	1		1	1			12	6		18
		1							1	2				1						4	1		5
						1						1								2			2
			1																		1		1
				1				1		1										1			1
								1												2			2
1										2										3			3
											1	1	1	2	3					3	5		8
												1								1			1
			1	1																1	1		2
		1												1						2			2
		1		1																4			4
	1	1	2	1	1	1	1	1		1		2								10	7		17
																				2			2
										1										1			1
				1																1			1
									1												1		1
					1		1			1	1									1	3		4
									1												1		1
				1		1														2			2
												1								1			1
									1												1		1
								1												1			1
						1				1		1				1				3			3
												1								1			1
																				1			1

CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—VICTORIA CITY—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM—*Concluded.*								
115	Other diseases of the liver	1							
117	Simple peritonitis (non-puerperal)								
117A	Peritonitis-appendicitis								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis								
120A	Uremia								
124A	Suppression of urine								
130	Diseases of the uterus								
133A	Cystitis								
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	2	2						
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	2	2						
151B	Non-assimilation of food		1						
153A	Still-born	8	5						
153B	Premature	3	2						
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms								
160	Suicide by cutting or piercing instruments								
167	Burns (conflagration excepted)							1	
169	Accidental drowning								
172	Traumatism by fall								
174	Traumatism by machines								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
177	Starvation								
186	Other external violence					1			
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy								
189	Cause of death not specified or ill-defined								
189B	Collapse following seasickness								
		25	16	2	....	2	4	3	1
	VICTORIA DIVISION—COWICHAN.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
30A	Tubercular peritonitis					1			
38	Gonococcus infection		1						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
71	Convulsions of infants	3	1						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
90	Chronic bronchitis	1							
91	Bronchopneumonia		1						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—COWICHAN—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food		1						
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
168	Absorption of deleterious gases (conflagration excepted)								
169A	Traumatism in logging camp and sawmill								
171A	Traumatism by falling tree								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
		4	4			1			
	VICTORIA DIVISION—ESQUIMALT.								
	I.—GENERAL DISEASES.								
9	Diphtheria and croup		1						
10	Influenza								
20	Purulent infection and septicæmia								
28	Tuberculosis of the lungs								
28A	Tubercular laryngitis								
29	Acute miliary tuberculosis								
37	Syphilis								
50A	Diabetes mellitus								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61A	Cerebrospinal meningitis								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis		1						
92	Pneumonia								
92A	Lobar								
94	Pulmonary congestion, pulmonary apoplexy								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning						1		
			2				1		
	VICTORIA DIVISION—OAK BAY.								
	I.—GENERAL DISEASES.								
43	Cancer and other malignant tumours of the breast								
54A	Anæmia, pernicious								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
71	Convulsions of infants	1							
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92A	Capillary bronchitis								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uræmia								
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born		1						
		1	1						

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VICTORIA DIVISION—SAANICH.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
54A	Anæmia, pernicious								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
78A	Endocarditis following rheumatism								
79	Organic diseases of the heart								
81A	Atheroma								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis				1				
91	Bronchopneumonia								
92	Pneumonia	1							
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1							
153A	Still-born	1							
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning								
		3			1				
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY.								
	I.—GENERAL DISEASES.								
1	Typhoid								
6	Measles			1					
10	Influenza								
14	Dysentery					1			
20	Purulent infection and septicæmia							1	
28	Tuberculosis of the lungs					1			
29	Acute miliary tuberculosis								
30	Tubercular								
37	Syphilis								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
42	Cancer and other malignant tumours of the female genital organs								
44	Cancer and other malignant tumours of the skin								
46	Other tumours (tumours of the female genital organs excepted)								
47	Acute articular rheumatism								
50	Diabetes								
51A	Goitre not specified								
54A	Anæmia, pernicious								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis								
64	Cerebral hæmorrhage, apoplexy								
66	Paralysis without specified cause								
67	General paralysis of the insane								
68	Other forms of mental alienation								
69	Epilepsy								
71	Convulsions of infants	1							
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
78	Acute endocarditis								
79	Organic diseases of the heart	1							
79B	Chronic valvular disease								
79E	Mitral regurgitation								
80	Angina pectoris								
81B	Aneurism								
82	Embolism and thrombosis								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV. DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	..	1	..	..	..	1	..	..
92	Pneumonia	1	..	..	..	..	..	..	..
92A	Lobar	..	..	..	..	..	..	..	..
96	Asthma	..	..	..	..	..	..	..	..
98A	Œdema of lungs	..	..	..	..	..	..	..	..
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	..	..	..	..	..	..	..	..
104	Diarrhœa and enteritis (under 2 years)	1	..	..	..	..	..	..	..
117	Simple peritonitis (non-puerperal)	..	..	..	..	..	..	..	..
117A	Peritonitis-appendicitis	..	..	..	..	1	1	..	..
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uræmia	..	..	..	..	..	..	..	..
123	Calculi of the urinary passages	..	..	..	..	..	..	..	..
126	Diseases of the prostate	..	..	..	..	..	..	..	..
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia	..	..	..	..	..	..	..	..
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1	1	..	..	..	..	..	..
	XI. DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	..	..	..	..	..	..	..
153A	Still-born	4	5	..	..	..	..	..	..
153B	Premature	2	1	..	..	..	..	..	..
153C	Umbilical hæmorrhage	1	..	..	..	..	..	..	..
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
160	Suicide by cutting or piercing instruments	..	..	..	..	..	..	..	..
165	Other acute poisonings	..	..	..	..	..	..	..	..
167	Burns (conflagration excepted)	..	..	1	..	..	..	..	..
169	Accidental drowning	..	..	..	..	..	..	..	..
169A	Traumatism in logging camp and sawmill	..	..	..	..	..	..	..	..
170	Traumatism by firearms	..	..	..	..	..	..	..	..
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	..	..	..	..	..	..	1	..
185	Fractures (causes not specified)	..	..	..	..	..	..	..	..
186	Other external violence	..	..	..	..	..	..	..	..
		13	8	2	..	3	2	2	..
	NEW WESTMINSTER DIVISION—BURNABY.								
	I.—GENERAL DISEASES.								
32A	Tuberculosis of spine	..	..	..	..	..	..	..	..
40	Cancer and other malignant tumours of the stomach, liver	..	..	..	..	..	..	..	..
45	Cancer and other malignant tumours of other organs, and of organs not specified	..	..	..	..	..	..	..	..
51A	Goitre not specified	..	..	..	..	..	..	..	..
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	..	..	..	..	..	..	..	..
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	..	..	..	..	..	..	..	..
81C	Arteriosclerosis	..	..	..	..	..	..	..	..
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	..	1	..	..	..	..	..	..
92A	Lobar	..	..	..	..	..	..	..	..
98A	Œdema of lungs	..	..	..	..	..	..	..	..
	V. DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	..	1	..	..	..	..	..	..

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—BURNABY—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis								
120A	Uræmia								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1							
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	1							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation								
177	Traumatism by other crushing (railroad, landslides, vehicles, etc.)							1	
178A	Exposure								
		2	2					1	
	NEW WESTMINSTER DIVISION—CHILLIWACK.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
50	Diabetes								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
71	Convulsions of infants		1						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
81B	Aneurism								
84B	Hodgkin's disease								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92A	Lobar								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
122	Other diseases of the kidneys and annexa								
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene								
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	1							
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1							
153A	Still-born	1							
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
167	Burns (conflagration excepted)								
169	Accidental drowning								
170	Traumatism by firearms					1			
		3	1			1			

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—OUTSIDE.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.								
6	Measles						1		
8	Whooping-cough				1				
10	Influenza								
14	Dysentery					1			
28	Tuberculosis of the lungs								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
43	Cancer and other malignant tumours of the breast								
46	Other tumours (tumours of the female genital organs excepted)								
54A	Anæmia, pernicious								
	II. Diseases of Nervous System and Organs of Special Sense.								
61A	Cerebrospinal meningitis						1		
64	Cerebral hæmorrhage, apoplexy								
67	General paralysis of the insane								
68	Other forms of mental alienation								
	III.—Diseases of the Circulatory System.								
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								
79B	Chronic valvular disease								
79E	Mitral regurgitation								
80	Angina pectoris								
	IV.—Diseases of the Respiratory System.								
88A	Capillary bronchitis	1							
91	Bronchopneumonia								
92	Pneumonia				1				
92A	Lobar					1			
94	Pulmonary congestion, pulmonary apoplexy								
	V.—Diseases of the Digestive System.								
102	Ulcer of the stomach								
103	Other diseases of the stomach (cancer excepted)								
104	Diarrhœa and enteritis (under 2 years)				1				
108	Appendicitis and typhlitis					1			
117A	Peritonitis-appendicitis								1
	VI. Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis								
126	Diseases of the prostate								
	VII. The Puerperal State.								
137B	Eclampsia								
	X.—Malformations.								
150	Congenital malformation (still-births not included)		1						
	XI. Diseases of Early Infancy.								
151B	Non-assimilation of food	1							
152A	Atelectasis	1							
153A	Still-born	1	1						
153B	Premature	1	1						
153D	Teething		1						
	XII. Old Age.								
154	Senility								
	XIII. Affections produced by External Causes.								
167	Burns (conflagration excepted)					1			
169	Accidental drowning						1	1	
169A	Traumatism in logging camp and sawmill								
170	Traumatism by firearms								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
177	Starvation								
186	Other external violence								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 30 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NEW WESTMINSTER DIVISION—OUTSIDE—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIV.—Ill-defined Diseases.								
189	Cause of death not specified or ill-defined	1							
		6	4	....	3	4	3	1	1
	NANAIMO DIVISION—NANAIMO CITY.								
	I.—General Diseases.								
6	Measles								1
9	Diphtheria and croup								1
22A	Actinomycosis								
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
43	Cancer and other malignant tumours of the breast								
54A	Anæmia, pernicious								
	II.—Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral hæmorrhage, apoplexy								
	III.—Diseases of the Circulatory System.								
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								
79	Organic diseases of the heart								
79B	Chronic valvular disease								
	IV. Diseases of the Respiratory System.								
89	Acute bronchitis								
91	Broncho-pneumonia	1							
92	Pneumonia								
92A	Lobar								
98A	Œdema of lungs								
	V.—Diseases of the Digestive System.								
104	Diarrhœa and enteritis (under 2 years)		2						
117	Simple peritonitis (non-puerperal)								
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
120A	Uræmia								
122	Other diseases of the kidneys and annexa								
	XI.—Diseases of Early Infancy.								
153B	Premature		1						
	XII.—Old Age.								
154	Senility								
	XIII.—Affections produced by External Causes.								
158	Suicide by drowning								
159	Suicide by firearms								
169A	Traumatism in logging camp and sawmill								
172	Traumatism by fall								
173	Traumatism in mines and quarries								
174	Traumatism by machines								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
186	Other external violence	1							
186A	Explosion (powder)								
	XIV.—Ill-defined Diseases.								
189	Cause of death not specified or ill-defined								
		2	3	....	....	....	....	....	2

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH. JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NANAIMO DIVISION—ALERT BAY.	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
167	Burns (conflagration excepted)					1			
169	Accidental drowning							1	
171A	Traumatism by falling tree								
						1		1	
	NANAIMO DIVISION—COMOX.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
45A	Cancer of bladder								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy						1		
70	Convulsions (non-puerperal)								
71	Convulsions of infants	1							
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
79	Organic diseases of the heart								
79B	Chronic valvular disease								
81	Diseases of the arteries								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
87	Diseases of the larynx	1							
89	Acute bronchitis								
91	Bronchopneumonia				1				
92	Pneumonia		1		1				
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)								
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1	1						
152A	Atelectasis	1							
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms								
166	Conflagration		1						
169	Accidental drowning								
169A	Traumatism in logging camp and sawmill								
171A	Traumatism by falling tree								
186	Other external violence					1			
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined								
		4	3	...	2	1	1	...	
	NANAIMO DIVISION—LADYSMITH.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NANAIMO DIVISION LADYSMITH—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	....	....	....	....
64	Cerebral haemorrhage, apoplexy	....	....	....	....	....	....	....	....
70	Convulsions (non-puerperal)	....	....	....	....	....	....	....	....
71	Convulsions of infants	....	....	....	1	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	1	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
93	Pleurisy	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
108	Appendicitis and typhlitis	....	....	....	....	1	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	1	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
		....	....	1	1	2	....	....	....
	BEATON GROUP—CRANBROOK.								
	I.—GENERAL DISEASES.								
6	Measles	....	....	....	....	....	....	....	....
8	Whooping-cough	....	1	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
44A	Cancer of tongue	....	....	....	....	....	....	....	....
54A	Anaemia, pernicious	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral haemorrhage, apoplexy	....	....	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	1	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	1	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	1	1	....	....	....	....	....	....
92	Pneumonia	1	1	....	....	....	....	....	....
92A	Lobar	1	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
137A	Puerperal infection following miscarriage	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	1	1	....	....	....	....	....	....
153B	Premature	1	....	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	.....	.....
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—CRANBROOK—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....	....	....
		6	4	....	1	2	..	..	..
	BEATON GROUP—FERNIE.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	1	....	....	....
6	Measles	....	1	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	..	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....	....	....
55A	Purpura hæmorrhagica	1	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	....	....	1	....
66	Paralysis without specified cause	....	....	....	....	....	....	1	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	1	....	..	....	....	....	....
91	Bronchopneumonia	....	....	1	....	....	....	....	....
92	Pneumonia	1	....	....	2	....	....	1	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
109	Hernias, intestinal obstructions	....	....	....	....	....	....	....	....
110	Other diseases of the intestines	....	....	....	..	....	1	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	....	1	....	....	....	....	....	....
153A	Still-born	3	2	....	....	....	....	....	....
153B	Premature	....	1	....	....	....	....	....	....
153C	Umbilical hæmorrhage	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	..	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169A	Traumatism in logging camp and sawmill	....	..	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
		6	6	1	2	1	1	3	....
	BEATON GROUP—GOLDEN.								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
93	Pleurisy	....	..	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
124	Diseases of the bladder	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene	....	..	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—GOLDEN—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1							
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
170	Traumatism by firearms								
173	Traumatism in mines and quarries								
		1							
	BEATON GROUP—KASLO.								
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
69	Epilepsy								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
113	Cirrhosis of the liver								
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1							
153A	Still-born		1						
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy								
		1	1						
	BEATON GROUP—NAKUSP.								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
66	Paralysis without specified cause								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79B	Chronic valvular disease								
79E	Mitral regurgitation								
	BEATON GROUP—NELSON.								
	I.—GENERAL DISEASES.								
1	Typhoid fever								
18	Erysipelas								
20	Purulent infection and septicæmia								
28	Tuberculosis of the lungs			1					
30	Tuberculosis meningitis		1						
39	Cancer and other malignant tumours of the buccal cavity								
40	Cancer and other malignant tumours of the stomach, liver								
42	Cancer and other malignant tumours of the female genital organs								
45	Cancer and other malignant tumours of other organs, and of organs not specified								
50	Diabetes								
50A	Diabetes mellitus								
54A	Anæmia, pernicious								
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism								
79B	Chronic valvular disease								
79E	Mitral regurgitation								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH. JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—NELSON—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—Diseases of the Respiratory System.								
83	Acute bronchitis								
91	Bronchopneumonia		2						
92	Pneumonia								
98	Other diseases of the respiratory system (tuberculosis excepted)								
	V.—Diseases of the Digestive System.								
103	Other diseases of the stomach (cancer excepted)								
113	Cirrhosis of the liver								
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis								
120	Bright's disease								
120A	Uræmia								
124	Diseases of the bladder								
	XI.—Diseases of Early Infancy.								
173A	Still-born	1	2						
	XIII.—Affections produced by External Causes.								
169	Accidental drowning							1	
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
178	Excessive cold								
180	Other external violence								
	XIV.—Ill-defined Diseases.								
184	Cause of death not specified or ill-defined								
		1	5	1				1	
	BEATON GROUP—NEW DENVER.								
	II. Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral hæmorrhage, apoplexy								
	IV.—Diseases of the Respiratory System.								
90	Chronic bronchitis								
92A	Lobar pneumonia								
	VI. Non-venereal Diseases of Genito-urinary System and Annexa.								
131	Cysts and other tumours of the ovary								
	XIII.—Affections produced by External Causes.								
186	Other external violence								
	BEATON GROUP—REVELSTOKE.								
	I.—General Diseases.								
18	Erysipelas								
28	Tuberculosis of the lungs								
39	Cancer and other malignant tumours of the buccal cavity								
40	Cancer and other malignant tumours of the stomach, liver								
50	Diabetes			1					
	II. Diseases of the Nervous System and Organs of Special Sense.								
64	Cerebral hæmorrhage, apoplexy								
71	Convulsions of infants	1							
	III. Diseases of the Circulatory System.								
77A	Myocarditis								
79	Organic diseases of the heart								
81	Diseases of the arteries								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	BEATON GROUP—REVELSTOKE—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	....	....	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
104	Diarrhœa and enteritis (under 2 years)	....	....	....	1	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	1	....	....	....
109	Hernias, intestinal obstructions	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....	....	....
	VII. THE PUERPERAL STATE.								
134	Accidents of pregnancy	....	....	....	....	....	....	....	....
137B	Eclampsia	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	2	....	....	....	....	....	....	....
	XI. DISEASES OF EARLY INFANCY.								
153B	Premature	1	....	....	....	....	....	....	....
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
178	Excessive cold	....	....	....	....	....	....	....	....
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	BEATON GROUP—ROSSLAND.								
	I.—GENERAL DISEASES.								
20	Purulent infection and septicæmia	....	....	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....	....	....
33A	Tuberculosis of joint	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	1	....	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....	....	....
	XII.—OLD AGE.								
554	Senility	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
187	Ill-defined organic disease	....	....	....	....	....	....	....	....
187A	Dropsy	....	....	....	....	....	....	....	....
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	BEATON GROUP—SLOCAN CITY.								
	V. DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....	....	....
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JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
		M.	F.	M.	F.	M.	F.	M.	F.
	BEATON GROUP—TRAIL.								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hemorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
78	Acute endocarditis	....	....	1	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	1	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	2	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	1	....
172	Traumatism by fall	....	....	....	....	....	....	....	....
181	Electricity (lightning excepted)	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	1	....	....	....	....	....	....	....
		3	1	1	....	....	1	1	....
	BEATON GROUP—WILMER.								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—ALBERNI.								
	I.—GENERAL DISEASES.								
18	Erysipelas	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hemorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
81	Diseases of the arteries	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
145	Other diseases of the skin and annexa	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
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JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
		M.	F.	M.	F.	M.	F.	M.	F.
	ALBERNI GROUP—ATLIN.								
	VII. THE PUERPERAL STATE.								
137B	Uræmia of pregnancy	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
172	Traumatism by fall	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—BELLA COOLA.								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	....	....	..	....	..	....	....	....
	XII.—OLD AGE.								
154	Senility	...	....	...	....	....	....	....	.. .
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
158	Suicide by drowning	....	....	....	..	....	....	....	....
164	Poisoning by food	....	...	....	....	....	...	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	..	....	....	....	....	....	....	....
186	Other external violence	....	....	...	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
		....	...	....	....	...	....	....	....
	ALBERNI GROUP—CLAYOQUOT.								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	...	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—FORT FRASER.								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	1	....	....	....	....	....	....	....
		1	1	....	....	....	....	....	....
	ALBERNI GROUP—HAZELTON.								
	I.—GENERAL DISEASES.								
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
113	Cirrhosis of the liver	....	...	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	....	....
175B	Traumatism by snowslide	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
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JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH. JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ALBERNI GROUP—FORT ST. JOHN.	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
178	Excessive cold	....	....	....	....	....	....	....	....
		1	....	....	....	....	....	....	....
	ALBERNI GROUP—POUCE COUPE.								
	I.—GENERAL DISEASES.								
32	Pott's disease	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
109	Hernias, intestinal obstructions	....	....	....	....	....	....	....	1
		....	....	....	....	....	....	....	1
	ALBERNI GROUP—PRINCE RUPERT.								
	I.—GENERAL DISEASES.								
29	Purulent infection and septicæmia	1	....	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	1	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	....	....	1	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
92A	Lobar pneumonia	....	....	....	....	....	....	....	....
97A	Pulmonary embolism	....	....	....	....	....	....	....	....
98	Other diseases of the respiratory system (tuberculosis excepted)	....	....	....	....	....	....	....	....
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uræmia	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformations (still-births not included)	1	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	1	....	....	....	....	....	....	....
153B	Premature	2	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
165	Other acute poisonings	....	....	....	....	....	1	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
		5	....	1	....	....	1	1	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH. JANUARY TO

Classification.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	ALBERNI GROUP—ANYOX.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
	II.—Diseases of Nervous System and Organs of Special Sense.								
61	Meningitis	1	....	....	....	....	....	....	....
	III.—Diseases of the Circulatory System.								
78	Acute endocarditis	....	....	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.								
91	Bronchopneumonia	1	1	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
169	Accidental drowning	....	....	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....	....	....
		2	1	....	....	....	....	....	....
	ALBERNI GROUP—QUATSINO.								
	II.—Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral haemorrhage, apoplexy	....	....	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
169	Accidental drowning	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—QUEEN CHARLOTTE.								
	XI.—Diseases of Early Infancy.								
153A	Still-born	....	1	....	....	....	....	....	....
	XII.—Old Age.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.								
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....	....	....
		....	1	....	....	....	....	....	....
	ALBERNI GROUP—STEWART.								
	XIII.—Affections produced by External Causes.								
175B	Traumatism by snowslide	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	ALBERNI GROUP—TELEGRAPH CREEK.								
	I.—General Diseases.								
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
119	Acute nephritis	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years	
	ASHCROFT.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
69	Epilepsy								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
113	Cirrhosis of the liver								
117A	Peritonitis-appendicitis								
	FORT GEORGE.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
50	Diabetes								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis						1		
64	Cerebral hæmorrhage, apoplexy								
66	Paralysis without specified cause								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79	Organic diseases of the heart								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
105	Diarrhœa and enteritis (2 years and over)						1		
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169A	Traumatism in logging camp and sawmill								
							2		
	TETE JAUNE.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
166	Conflagration								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)								
	CLINTON.								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
165	Other acute poisonings					1			
						1			

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
		M.	F.	M.	F.	M.	F.	M.	F.
	LILLOOET.								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92A	Lobar pneumonia	...	1	....	....	....	....	....	....
		....	1	....	....	....	....	....	....
	QUESNEL.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	...	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79E	Chronic valvular disease	....	....	....	...	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
186	Other external violence	....	....	....	....	...	..	....	....
		...	....	....	....	..	...	....	....
	150-MILE HOUSE.								
	I.—GENERAL DISEASES.								
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
		1	....	....	....	....	....	....	....
	FAIRVIEW.								
	I.—GENERAL DISEASES.								
19A	Mumps	....	....	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	..	....	.
42	Cancer and other malignant tumours of the female genital organs	....	...	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	1	....	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	...	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	1	....	....	....	....	....	....	...
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	....	1	...	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
168	Absorption of deleterious gases (conflagration excepted)	....	...	....	....	....	....	....	....
		2	1	1	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	GREENWOOD.	M.	F.	M.	F.	M.	F.	M.	F.
	I. GENERAL DISEASES.								
42	Cancer and other malignant tumours of the female genital organs	....	....	....	..	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....	1	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
79B	Chronic valvular disease	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
98	Abscess of lung	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
109	Hernias, intestinal obstructions	....	....	....	....	....	....	1	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153B	Premature	....	1	..	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
181	Electricity (lightning excepted)	....	....	....	....	....	....	....	....
		....	1	....	....	....	....	2	....
	GRAND FORKS.								
	I.—GENERAL DISEASES.								
14	Dysentery	....	....	....	....	....	1	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	1	....	....	....	....	....	....
91	Bronchopneumonia	....	1	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
115	Other diseases of the liver	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....
151B	Non-assimilation of food	1	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....	1	....
	XIV.—ILL-DEFINED DISEASES.								
187	Ill-defined organic disease	....	....	....	....	....	....	....	....
		2	3	....	..	....	1	1	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	KAMLOOPS.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.								
6	Measles	1							
10	Influenza								
28	Tuberculosis of the lungs								
29	Acute miliary tuberculosis								
30	Tubercular meningitis								
34A	Tuberculosis of kidney								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
54A	Anæmia, pernicious								
	II. Diseases of Nervous System and Organs of Special Sense.								
64	Cerebral hæmorrhage, apoplexy								
65	Softening of the brain								
66	Paralysis without specified cause								
	III.—Diseases of the Circulatory System.								
78A	Endocarditis following rheumatism								
79B	Chronic valvular disease								
79E	Mitral regurgitation								
81	Diseases of the arteries								
82	Embolism and thrombosis								
	IV.—Diseases of the Respiratory System.								
92	Pneumonia	1							
92A	Lobar pneumonia								
96	Asthma						1		
98	Other diseases of the respiratory system (tuberculosis excepted)								
98A	Œdema of the lungs								
	V.—Diseases of the Digestive System.								
101	Diseases of the æsophagus								
102	Ulcer of the stomach								
105	Diarrhœa and enteritis (2 years and over)								
117	Simple peritonitis (non-puerperal)								
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.								
120A	Uremia								
123	Calculi of the urinary passages								
	X.—Malformations.								
150	Congenital malformation (still-births not included)	1							
	XI.—Diseases of Early Infancy.								
153A	Still-born		1						
	XIII.—Affections produced by External Causes.								
169	Accidental drowning							2	
173	Traumatism in mines and quarries								
		3	1				1	2	
	NICOLA.								
	I.—General Diseases.								
40	Cancer and other malignant tumours of the stomach, liver								
	II. Diseases of Nervous System and Organs of Special Sense.								
66	Paralysis without specified cause								
	III. Diseases of the Circulatory System.								
79	Organic diseases of the heart								
81c	Arteriosclerosis								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NICOLA—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	1	....	....	....	....	....	....
91	Bronchopneumonia	1	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	....	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....	....	....
		2	2	....	....	....	....	....	....
	PRINCETON.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92A	Lobar pneumonia	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
110B	Ileocolitis	....	1	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120	Bright's disease	....	....	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.								
137	Puerperal septicæmia	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	....	1	....	....	....	....	....	....
		....	2	....	....	....	....	....	....
	VERNON.								
	I.—GENERAL DISEASES.								
9	Diphtheria and croup	....	....	....	....	....	....	....	1
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis	....	....	....	....	1	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77	Pericarditis	....	....	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79B	Chronic valvular disease	....	....	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VERNON—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	IV. DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis	....	....	....	....	....	....	....	....
91	Bronchopneumonia	....	....	....	1	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	....	..	....
120A	Uræmia	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformations (still-births not included)	1	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151B	Non-assimilation of food	....	1	....	....	....	....	....	....
153A	Still-born	....	1	....	....	....	....	....	....
153B	Premature	....	1	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation	....	....	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	1	....
		1	4	....	1	1	....	1	1
	VANCOUVER CITY.								
	I.—GENERAL DISEASES.								
1	Typhoid fever	....	....	....	....	....	....	....	....
6	Measles	1	....	....	1	1	2	1	1
7	Scarlet fever	....	....	....	....	1	....	....	1
8	Whooping-cough	3	2	1	1	....	....	....	....
10	Influenza	1	....	....	....	....	....	....	....
14	Dysentery	1	....	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....	1	....
21	Glanders	....	....	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	2	....	....	....
28A	Tubercular laryngitis	....	....	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....	....	....
30	Tubercular meningitis	....	2	....	1	..	....	2	2
30A	Tubercular peritonitis	....	....	....	....	....	....	....	....
32A	Tuberculosis of spine	....	....	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....	....	....
34A	Tuberculosis of kidney	....	....	....	....	....	....	....	....
36	Rickets	....	1	....	....	....	....	....	....
37	Syphilis	....	....	....	....	....	....	....	....
37A	Syphilis, congenital	....	1	....	....	....	....	....	....
39A	Cancer of prostate	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....	....	....
44	Cancer and other malignant tumours of the skin	....	....	....	....	....	....	....	....
44B	Cancer of larynx	....	....	....	....	....	....	....	....
44C	Cancer of the œsophagus	....	....	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
45B	Cancer of colon	....	....	....	....	....	....	....	....
45C	Cancer of lungs	....	....	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER CITY—*Continued.*	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES—*Concluded.*								
50A	Diabetes mellitus								
51	Exophthalmic goitre								
52	Addison's disease								
54A	Anæmia, pernicious								
55A	Purpura hæmorrhagica								
56	Alcoholism, acute								
56A	Alcoholism, chronic								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
61	Meningitis					1	1		
61B	Cerebrospinal meningitis								
61C	Cerebral meningitis								
62	Locomotor ataxia								
63	Other diseases of the spinal cord								
63A	Acute anterior poliomyelitis								
63D	Primary lateral sclerosis of spinal cord								
63F	Cerebral pressure from old wound								
64	Cerebral hæmorrhage, apoplexy		2						
65	Softening of the brain								
66	Paralysis without specified cause								
68A	Bulbar paralysis								
69	Epilepsy								
71	Convulsions of infants	7	2						
74A	Œdema of brain							1	
76	Diseases of the ears		1						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77	Pericarditis	1	1						
77A	Myocarditis								
78	Acute endocarditis								
78A	Endocarditis following rheumatism							1	
79	Organic diseases of the heart								
79A	Cardiac paralysis								
79B	Valvular disease	1							
79E	Mitral regurgitation								
79G	Cardiac asthenia								
79H	Mitral stenosis								
80	Angina pectoris								
81	Diseases of the arteries								
81B	Aneurism								
81C	Arteriosclerosis								
81D	Congenital heart lesion		1						
82	Embolism and thrombosis								
83D	Pyæmia								
84	Diseases of the lymphatic system	2							
84C	Leukemia, lymphatic								
85	Hæmorrhage								
85D	Hæmorrhage following circumcision	1							
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
87	Diseases of the larynx						1		1
89	Acute bronchitis	1	1			1			
90	Chronic bronchitis								
91	Bronchopneumonia	2	4	4			1		2
92	Pneumonia	1	2	1			1		
92A	Lobar pneumonia		1		1	1	2		
92C	Septic pneumonia								
92D	Fibroid pneumonia								
92E	Capillary bronchitis		1						
92F	Empyema								
92G	Hypostatic pneumonia								
93	Pleurisy								
94	Pulmonary congestion, pulmonary apoplexy								
95	Gangrene of the lung								
96	Asthma								
98	Other diseases of the respiratory system (tuberculosis excepted)				1				
98A	Œdema of lungs								
98E	Pulmonary embolus	1							
98G	Pulmonary thrombosis								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103C	Pancreatitis								
104	Diarrhœa and enteritis (under 2 years)	3	1		1				

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER CITY—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM—*Concluded.*								
105	Diarrhœa and enteritis (2 years and over)	...	...	...	...	2	...	...	...
108	Appendicitis and typhlitis	...	...	...	...	...	...	...	...
109	Hernias, intestinal obstructions	...	...	...	...	...	...	...	...
110C	Hemorrhage of stomach	...	...	...	...	...	...	...	...
113	Cirrhosis of the liver	...	...	...	...	...	...	...	...
114	Biliary calculi	...	...	...	...	...	...	...	...
115A	Embolism in liver	...	...	...	...	...	...	...	...
117	Simple peritonitis (non-puerperal)	...	1	...	...	...	...	...	...
117A	Peritonitis-appendicitis	...	...	...	...	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	...	...	...	...	...	...	...	1
120	Bright's disease	...	...	...	...	...	...	...	...
120A	Uræmia	...	...	...	...	...	...	...	...
123	Calculi of the urinary passages	...	...	...	...	...	...	...	...
124	Diseases of the bladder	...	...	...	...	...	...	...	...
124A	Suppression of urine	...	...	...	...	...	...	...	...
126	Diseases of the prostate	...	...	...	...	...	...	...	...
130	Diseases of the uterus	...	...	...	...	...	...	...	...
132	Salpingitis and other diseases of the female genital organs	...	...	...	...	...	...	...	...
133B	Hypernephroma	...	...	...	...	1	...	...	...
	VII.—THE PUERPERAL STATE.								
135	Puerperal hæmorrhage	...	...	...	...	...	...	...	...
137	Puerperal septicæmia	...	...	...	...	...	...	...	...
137A	Puerperal infection following miscarriage	...	...	...	...	...	...	...	...
137D	Eclampsia	...	...	...	...	...	...	...	...
139	Puerperal phlegmasia alba dolens, embolus, sudden death	...	...	...	...	...	...	...	...
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.								
142	Gangrene	...	...	...	...	...	...	...	...
145A	Impetigo contagiosa	...	1	...	...	...	...	...	...
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	2	3	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	4	2	...	...	...	...	...	...
151B	Non-assimilation of food	1	4	...	...	...	...	...	...
153A	Still-born	20	20	...	...	...	...	...	...
153B	Premature	11	13	...	...	...	...	...	...
153C	Umbilical hæmorrhage	...	1	...	...	...	...	...	...
153D	Injury by forceps at birth	...	1	...	...	...	...	...	...
153E	Cæsarean section	1	1	...	...	...	...	...	...
	XII.—OLD AGE.								
154	Senility	...	...	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
155	Suicide by poison	...	...	...	...	...	...	...	...
157	Suicide by hanging or strangulation	...	...	...	...	...	...	...	...
159	Suicide by firearms	...	...	...	...	...	...	...	...
161	Suicide by jumping from a high place	...	...	...	...	...	...	...	...
169	Accidental drowning	...	...	...	1	...	...	1	...
169A	Traumatism in logging camp and sawmill	...	...	...	...	...	...	...	...
172	Traumatism by fall	...	...	...	...	...	...	...	...
173	Traumatism in mines and quarries	...	...	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...	...	...
175A	Traumatism not specified	...	...	...	...	...	...	...	...
181	Electricity (lightning excepted)	...	...	...	...	...	...	...	...
182	Homicide by firearms	...	...	...	...	...	...	...	...
184	Homicide by other means (criminal abortion)	...	...	...	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy	...	...	...	...	...	...	1	...
		65	70	6	7	10	8	7	8

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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13	15	35	18	55	26	63	37	61	26	48	33	27	16	9	15	1	2	....	....	400	281	.....	681

CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	SOUTH VANCOUVER.	M.	F.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.								
6	Measles			1					1
28	Tuberculosis of the lungs								
40	Cancer and other malignant tumours of the stomach, liver								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
46	Other tumours (tumours of the female genital organs excepted)				1				
50	Diabetes								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis								
78	Acute endocarditis	1							
78A	Endocarditis following rheumatism								
79	Organic diseases of the heart								
79B	Chronic valvular disease								
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
89	Acute bronchitis		1						
91	Bronchopneumonia			2					
92	Pneumonia	1			2				
92A	Lobar pneumonia								
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
109	Hernias, intestinal obstructions								
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia								
126	Diseases of the prostate								
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema		1						
153A	Still-born	4	3						
153B	Premature		1						
	XII.—OLD AGE.								
154	Senility								
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
186	Other external violence		1						
	XIV.—ILL-DEFINED DISEASES.								
187A	Dropsy								
		6	7	3	3				1
	VANCOUVER DIVISION—POINT GREY.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs								
37	Syphilis								
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum								
43	Cancer and other malignant tumours of the breast								
50A	Diabetes mellitus								
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
64	Cerebral hæmorrhage, apoplexy								
67	General paralysis of the insane								

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER DIVISION—POINT GREY—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
79B	Chronic valvular disease	....	....	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
87	Diseases of the larynx	....	....	....	....	....	....	1	....
89	Acute bronchitis	1	....	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
102	Ulcer of the stomach	....	....	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....	....	....
110B	Intussusception	1	....	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	....	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR SYSTEM.								
142	Gangrene	....	....	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.								
146	Diseases of the bones (tuberculosis excepted)	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153A	Still-born	1	....	....	....	....	....	....	....
153B	Premature	1	....	....	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
157	Suicide by hanging or strangulation	....	....	....	....	....	....	....	....
		5	....	....	....	....	....	1	....
	NORTH VANCOUVER CITY.								
	I.—GENERAL DISEASES.								
28	Tuberculosis of the lungs	....	....	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	....	....	....	1	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
113	Cirrhosis of the liver	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	NORTH VANCOUVER CITY—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....
151B	Nonassimilation of food	1	....	1	....	....	....	....	....
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
159	Suicide by firearms	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
187	Ill-defined organic disease	....	....	....	....	....	....	....	....
		2	...	1	1	....	...	....	....
	NORTH VANCOUVER DISTRICT.								
	I. GENERAL DISEASES.								
28	Tuberculosis of the lungs	.	....	....	....	....	....	....	....
48	Cancer and other malignant tumours of the breast	....	....	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.								
66	Paralysis without specified cause	....	....	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
120A	Uremia	....	....	....	....	....	....	....	....
	X.—MALFORMATIONS.								
150	Congenital malformation (still-births not included)	...	1	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....	....	....
		....	2	....	....	....	....	....	....
	WEST VANCOUVER.								
	XII.—OLD AGE.								
154	Senility	....	....	....	....	....	....	....	....
		....	....	....	....	....	....	....	....
	VANCOUVER—OUTSIDE.								
	I.—GENERAL DISEASES.								
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
77A	Myocarditis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
92	Pneumonia	....	1	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.								
119	Acute nephritis	....	....	....	....	1	....	....	....
120A	Uremia	....	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....	....	....

JUNE (INCLUSIVE), 1918—*Continued.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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CAUSES OF DEATH, JANUARY TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.		5 to 10 years.	
	VANCOUVER—OUTSIDE—*Concluded.*	M.	F.	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....	....	....
175B	Traumatism by snowslide	....	....	....	....	....	....	....	....
		1	1	....	....	1	....	....	....
	RICHMOND.								
	I.—GENERAL DISEASES.								
8	Whooping-cough	....	2	....	1	....	....	....	1
28A	Tubercular laryngitis	....	....	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.								
81C	Arteriosclerosis	....	....	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.								
91	Bronchopneumonia	1	....	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.								
103	Other diseases of the stomach (cancer excepted)	....	1	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	2	....	....	....	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....	....	....
110	Other diseases of the intestines	1	....	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.								
153B	Premature	1	....	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.								
169	Accidental drowning	....	....	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.								
189	Cause of death not specified or ill-defined	....	....	....	....	....	....	....	....
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DEPT. OF EPIDEMIOLOGY

JUNE (INCLUSIVE), 1918—*Concluded.*

10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Sex not given.	Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
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VICTORIA, B.C.:
Printed by WILLIAM H. CULLIN, Printer to the King's Most Excellent Majesty.
1918.

DEPT. OF EPIDEMIOLOGY

DEPT. OF EPIDEMIOLOGY

LABORATORIES
RESEARCH DIVISION

PROVINCE OF BRITISH COLUMBIA

TWENTY-THIRD REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

EIGHTH REPORT OF MEDICAL INSPECTION OF SCHOOLS AND THE FORTY-SEVENTH REPORT OF VITAL STATISTICS DEPARTMENT

FOR THE

YEAR ENDING JUNE 30TH, 1919

PRINTED BY
AUTHORITY OF THE LEGISLATIVE ASSEMBLY.

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1920.

PROVINCIAL BOARD OF HEALTH,

VICTORIA, B.C., June 30th, 1919.

To His Honour Sir FRANK STILLMAN BARNARD, K.C.M.G.,

Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Report of the Provincial Board of Health for the year ending June 30th, 1919.

J. D. MACLEAN,

Provincial Secretary.

REPORT *of the* PROVINCIAL BOARD OF HEALTH.

PROVINCIAL BOARD OF HEALTH.
VICTORIA, B.C., July 31st, 1919.

Doctor the Honourable J. D. MacLean,
Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Twenty-third Annual Report of the Provincial Board of Health.

The report immediately preceding this was for the six months ending June 30th, 1918. The change in the date of issuing the report, as pointed out, is due to the fact that our Legislature meets the second week of the year and does not allow of us receiving a full report, especially school reports, for publication for presentation to the House. Accordingly, with your approval, the date of issuance of our report was changed to midsummer. This gives us the opportunity of receiving full reports from the outlying portions of the Province, and the present report will be for the year July 1st, 1918, to June 30th, 1919.

The past year has been an eventful one in public-health work. There has been a great awakening amongst the public, with a consequent strengthening of the hands of those in charge of public-health work, and the result has been the bringing into practical effect many of the recommendations that have been made by health authorities from time to time.

The greatest instance of the awakening of the public on the matter of health was the culmination of the insistence of recognition of health matters by the establishment of the Federal Health Department under a Minister of Health.

Heretofore, some two years ago, the public-health authorities recognized the need of co-operation as between the Provinces, and steps were undertaken to form a "Health Act" which would be passed by each of the Provinces, bringing about standardization of method and the formation of a Council which would deal with health questions that were recognized to be Dominion-wide. The questions of infant-welfare, tuberculosis, and venereal disease may be dealt with as Provincial matters; still it was easily recognized that a campaign that was intended to deal in an effective manner with any one of these should be Dominion-wide in its scope. While this effort was being made, fortunately effect was given by the Dominion for the formation of a Federal Ministry of Health. This Department has been formed and the representatives of the Provincial Boards of Health of the Provinces are, by virtue of the Act, made a Dominion Health Council to act in an advisory capacity to the Minister of Health.

All the Acts which have been under administration by the Dominion authorities, such as the "Quarantine Act," "Adulteration Act," "Public Works Health Act," "Leprosy Act," "Shipping Act," and "Patent Medicine Act," shall be centred under the Ministry of Health. They have previously been administered by different departments of the Government. Under the "British North America Act" health matters are a matter for Provincial administration, and the Dominion Act specifically states that the Dominion Board of Health shall not exercise any jurisdiction over any Provincial or Municipal Board of Health. The jurisdiction of the different bodies is very clearly defined. There will be co-operation as between the Federal departments and the different Provinces in the Dominion.

The first meeting of the Dominion Council was held and measures discussed for immediate action by the health authorities of the Dominion as a whole for control of venereal diseases, conservation of child-life, industrial hygiene, rural hygiene, habit drugs, and measures against influenza. Financial assistance is being granted by the Dominion Government to the Provinces on the basis of population to assist in the establishment of measures to be taken against venereal

diseases. "Venereal Diseases Acts" have been passed by the different Provinces and the campaign in this respect is now Dominion-wide. I will discuss later in the report the venereal question as affecting British Columbia.

During the past three or four years the reports of the Provincial Health Department as regards the presence of disease in the Province has been eminently satisfactory, and it has been very gratifying to be able to record in succeeding years that we have been steadily gaining, and able to show a small but appreciable decline in the percentage of deaths from infectious diseases. The percentage for the first six months in 1918 shows a very favourable condition of affairs, but, unfortunately, the invasion of the influenza during the latter part of 1918 has raised the percentage of deaths, and I have to report a percentage per thousand of 14.78. This increase was entirely due to the influenza.

There was a slight increase in the deaths from infectious diseases, but not such, with our population, as to warrant any apprehension. The epidemic of influenza, however, exacted its toll to an extent of about 1 per cent. of our population, including the deaths among the Indians. While this may appear high, yet in comparison with other countries we were amongst the fortunate ones.

The invasion of the epidemic was sudden. It swept over the country, following the lines of travel, and in many instances found us ill-prepared to meet such an overwhelming calamity. Over 200 of our medical men and as many nurses had gone to the Front. The Department, by your direction, took immediate action, and every Government Agent was notified to assist the local authorities in their districts and to assure them that financial assistance would be given. Buildings were commandeered for hospitals, volunteer forces of nurses were formed, and the citizens responded nobly to the call for assistance. An Order in Council was issued placing a ban upon all meetings. Some objection was raised at some points, but the death-rate in the localities that placed the ban on immediately, and enforced it, is very much below the death-rate of those points that were dilatory in adopting these measures. The use of the mask was not enforced. A supply of vaccine was received from the Connaught Laboratories, also some from Dr. Gordon Bell, of Winnipeg, and distributed. The reports that we received as to the results of the use of the vaccine were very contradictory, and our experiences in this correspond with those of all other places. A great deal of investigation has been carried on in regard to vaccines, and the consensus of opinion is that we do not know the exciting cause of the influenza and have not been able to isolate the germ; there is no vaccine against influenza. There is, however, a vaccine against its complications which is of value.

In case of invasion during the coming fall the Connaught Laboratories have assured me that they do not intend to manufacture any preventive vaccine.

Active steps have been taken by the Department in case of a repetition of the epidemic. All the Medical Officers of Health have been communicated with and they have been asked to secure the co-operation of all the local organizations. The replies have been very satisfactory, and we feel that we are as well prepared as possible should we be unfortunate enough to have a recurrence of the disease.

I do not anticipate the recurrence of the influenza in anything like the severe form that we suffered from last year. As far as I can gather, I conclude that at least 30 per cent. of our population suffered from the attack. This, no doubt, will confer a certain degree of immunity.

Venereal.—During the past session of the Legislature a "Venereal Diseases Act" was placed upon the statute-books, to be brought into effect by Proclamation of the Lieutenant-Governor in Council. It was placed in this way in order to enable the Federal Department to assume shape, as we knew it was the intention immediately afterwards to call a conference for the Provincial officers as a Dominion Health Executive to discuss plans of co-operating in the enforcement of the "Venereal Diseases Act" throughout the Dominion.

We have made arrangements for our laboratory-work, for the appointment of experts, and the establishment of clinics, beginning in the two larger centres of Victoria and Vancouver. Medical men will be required to report such cases, and the provisions of the Act allow us to compel those affected to take treatment until they become non-infective. There may be some difficulties at first in securing the co-operation of the medical profession, but I would recommend as an incentive to the medical men to report the cases, that all treatment be furnished free by the Department.

At present the cost of the treatment is high owing to the existence of a monopoly which was granted to two companies for the manufacture, but strong efforts are being made to permit of Provincial Boards procuring the remedy from the Connaught Laboratories in Ontario, which institution is competent to proceed at once with the manufacture of such remedies and to furnish the Provincial Boards at a cost of about 50 cents a dose. This would be of very material assistance, as the present market price is $2 a dose.

We look for co-operation from the medical men, and naturally, from the Department's standpoint, we are anxious to secure such co-operation, as it is only by the reporting of infectious diseases that the real worth of the Department can be made manifest. At the same time we recognize the fact that the medical profession are asked to make reports of many kinds to Government departments, and to busy men this task becomes irksome, but we have no doubt that the medical profession, more than any one else, will recognize the benefits of the remedy.

The medical profession were largely instrumental in keeping alive the interest in the establishment of the Dominion Ministry of Health and enactment of legislation dealing with venereal diseases, but the real credit for the formation of the Department and the entering upon by the Provinces of an active campaign against venereal diseases is due to the women of Canada. It has been from gradual education in public-health matters and to the great interest taken by the women of Canada in the medical reports given of the troops during the war that has brought about the great progress that we are making in public-health matters with the public.

There were no great discoveries in health matters made during the war, but the results obtained from the application of the rules of health which had been taught for years and years by health authorities has done more in four years of the war to advance with the public an acknowledgment of these truths than would have happened in twenty-five years under the old methods.

We are at the beginning of an era where a great advance will be made by following up the impression that has been made. Health authorities can only go just a little bit faster than the public will admit, but there has been a reversal, and the public are now demanding that they shall be told what to do, and this opens up the opportunity for the public-health nurse.

Health-teaching by Public Health Officers, including visiting nurses, has made in the last few years a great impression upon the communities where it has been carried on. Such health education is going to be recognized as of fundamental importance; it is largely because of this, and not because disease is more successfully treated, that the great reduction in the sickness and death-rate has been effected. Unless backed by educational agencies, efforts at improvement in public health have almost invariably proved to be very transitory in their effects.

Recognizing these facts, the Department is undertaking the establishment of health centres throughout the Province. The first was established in the Municipality of Saanich, adjoining Victoria, under the charge of Miss Forshaw, Victorian Order Nurse, a young lady of exceptional ability, possessing great organizing powers, enthusiastic in her work, and possessing the valuable faculty of being able to impress and enthuse others. Miss Forshaw took charge of the work in Saanich, and it has grown until now there are three nurses engaged; a health-centre house has been opened as temporary quarters; a by-law is being submitted to the people to raise $25,000 to build a permanent home.

The practical work that Miss Forshaw and her colleagues have carried out has been a wonderful help to the Department by impressing upon the other districts the benefits to be derived from following this plan. Other points on the Island are asking now for nurses, and, at your instance, Miss Forshaw was sent to visit the Women's Institutes through the eastern part of the Province. It is very gratifying indeed to learn from those whom she visited of the impression she made.

I have recognized that the success of this movement would depend entirely upon the continued interest of the women, and I felt that the best means of reaching the people of British Columbia was through the Women's Institutes.

Mrs. V. MacLachlan, Secretary of the Women's Institutes for the Province, was largely instrumental in starting the Saanich Health Centre, and I am very pleased indeed that I was able to secure Mrs. McLachlan's help and hearty co-operation in bringing the matter to the attention of the different Women's Institutes. Mrs. MacLachlan is an enthusiastic worker, a splendid speaker, a good writer, and, with a thorough knowledge of her subject, is able to present the facts in a manner that carries conviction.

The object of the establishment of these centres will be to do the follow-up work, especially as regards the school-children, infant-welfare, maternity and tuberculosis work. We have made such a beginning that I feel very hopeful for the future development of health-work along these lines.

The Department is to be congratulated in having in yourself a professional man, medical graduate, who is very much alive to the importance of our work, and I am confident that under your guidance and continued sympathy the expansion of our Board and of our work will be gratifying to yourself and satisfactory to the people of British Columbia.

During the past year the launch belonging to the Department has been in active service, and was particularly valuable during the attack of the influenza in reaching outlying points along the seacoast. During the past few months it has been on continuous duty visiting the logging camps to the north.

The sanitation-work has been carried out by our Inspectors very satisfactorily indeed, and I have to acknowledge my indebtedness to the efforts put forth by the Provincial Police in their different districts in visiting and reporting upon camps. Regulations are enforced. It is difficult in a Province such as this to keep track of the many camps of sub-contractors at different points, and no doubt abuses exist, but as soon as they are called to the attention of the Department remedial action is at once taken. The report of Mr. DeGrey, our Chief Sanitary Inspector, accompanies this report.

Eight cases of smallpox were reported from Vancouver, source of infection being from a ship from the Orient. The cases proved to be of a very severe type and there were two deaths, but through the prompt action of the health authorities at Vancouver there was no spread of the disease in that vicinity.

Smallpox of a very mild character developed at one or two Indian reservations, but was kept well in hand by the Indian authorities. Some three cases appeared in Victoria, being traced as coming from Alberta. They were very mild. We took advantage of the existence of these cases to vaccinate the school-children, and a large percentage of the school-children both in Victoria and Vancouver were vaccinated.

For outlying districts the Department sent out 6,200 points of smallpox vaccine and 515 doses of typhoid vaccine.

Isolated cases of typhoid appeared in different parts of the Province, but nothing approaching an epidemic at any one point, and at no point where it appeared was there more than one death, except in the City of Vancouver, where some cases developed amongst the men employed in the shipyards.

Three million one hundred and eleven thousand units of diphtheria antitoxin were sent out. The use of this large amount does not indicate the existence of diphtheria, as we have very few cases of diphtheria reported, but it was used by a number of the physicians as a prophylactic in the influenza epidemic.

There were slight outbreaks of disease as follows: Measles, Langley Municipality and Enderby; mumps, Ashcroft and Kelowna; chicken-pox, Langley Municipality; ringworm, Edgewood and Britannia Beach; goitre, Edgewood, Mission, and Port Coquitlam; influenza, all parts of the Province.

There was also one case of anterior poliomyelitis, Surrey Municipality; one case of rhinoscleroma, Galician in Victoria; one case of anthrax reported from Oak Bay (man working at James Island infected by shaving-brushes); one case of meningitis, Oak Bay (soldier died). Several cases of meningitis in South Vancouver Municipality.

The following cemeteries were approved by the Provincial Board: Maple Ridge extension; Ocean View Burial Park (Vancouver); Fruitvale; Crawford Bay; Cawston.

Water-supplies approved: Pacific Mills, Limited, at Ocean Falls.

Sewerage system approved: Pacific Mills, Limited, at Ocean Falls.

The report of the Sanitary Inspector, Hospital Inspector, and the Deputy Registrar of Births, Deaths, and Marriages accompanies this report.

In reference to the Vital Statistics Branch, the Dominion authorities have, as a result of a conference with the Provinces, adopted a uniform "Vital Statistics Act" for the use of all the Provinces, with uniform forms, and it is my intention to ask you to present these to the Legislature at the coming session of the House.

I have to acknowledge very gratefully the work of my staff. They all take a very live interest in their work. They are loyal to the Department, and I am very pleased indeed to take this opportunity of expressing my appreciation of their efforts.

I have to thank you, sir, for the very sympathetic interest which you take and of the consideration you have given to the recommendations which I have made to you from time to time.

I have the honour to be,
Sir,
Your obedient servant,
H. E. YOUNG,
Provincial Officer of Health.

TABLE SHOWING RETURNS OF CASES OF CONTAGIONS IN THE PROVINCE.

	Infantile Paralysis		Tuberculosis.		Mumps.		Leprosy.		Typhoid Fever.		Scarlet Fever.		Smallpox.		Diphtheria.		Chicken-pox.		Whooping cough.		Scarlatina.		Erysipelas.		Measles	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Arrowhead District																	1									
Alberni and District			17																							
Anyox			1										2													
Beechen															1											
Britannia Beach			1																						23	
Burnaby			2	1					2		2				1		10								33	
Chase									2	1			9													
Chilliwack City			1																							
Cheemainus			2												1											
Chesquiot																									24	
Creston			2	1											2	1									1	1
Cowichan					1								1				1								32	
Cumberland											1															
Denman Island			2																							
Duncan and District			5																						1	
Edgewood and District											7								2							
Enderby											4															
Esquimalt			7								4														1	
Fernie							1				13		1													
Gabriola Island									1																	
Gibson's Landing																									11	
Golden																									20	
Graham's Landing and District											4															
Grand Forks			4						2																5	
Greenwood and District			1						1						3		1									
Hazelton and District			21		1				1										36	1						
Hedley and Similkameen Valley			3		20																					
Hope															1											
Islands District			1												1	1										
Kamloops			25										1													
Kitwanga District			2																							
Langley District			4	1															4							
Lucerne																	5		1						3	
Lytton			10	1																						
Matsqui Municipality			6	2	3				3		1				1		22									
Merritt and District			5	2	485				6																199	
Michel			9																							
Mill Creek			1	1													2									
Mission and District					14	1			3								10									
Nakusp											3						15									
Nanaimo											3				8	1	2								6	
Nelson															8											
New Denver and Slocan District															8											
Oak Bay											8						20									
Ocean Falls			3																							
Phoenix															1	1										
Powell River			3																							
Point Grey Municipality			2	1					1		3		2		6		9								3	
Port Alice									1																	

Port Coquitlam					3													10												
Port Simpson			49								2																			
Prince Rupert			5	1																										
Prince George																					18	1								
Princeton																		1												
Qualicum Beach					1																									
Rossland									2	2																				
Sandon									2																					
Savona																												3		
Sidney													2					75												
Slocan, South									2																					
Sooke			3																											
Squamish			1	1														2										5		
Squam Bay																					1									
Summerland Municipality			16																											
Telegraph Creek																														
Trail City			1	1	300				4	1					140	2														
Trail District			1	1	10																									
Vancouver			386	103	46				26		35	1	11		97	2	242		88	4								56		
Vancouver, North			5	5	10				4		1				3	1	39		3									10		
Vancouver, South			21	8	32				1		18	1			5		14		18							1	1	19		
Vernon									2																					
Victoria			93	19	10		1		3		19	1	8		19		44		28									19		
Totals			721	149	937	1	2		69	4	128	3	35		306	8	525		199	6					1	1	371	1		

GENERAL REPORTS.

SANITARY INSPECTION.

SANITARY INSPECTOR'S OFFICE,
VICTORIA, B.C., June 30th, 1919.

H. E. Young, M.D., LL.D.,
Provincial Officer of Health, Victoria, B.C.

SIR,—I have the honour to present the Ninth Report on Sanitary Inspection for the Provincial Board of Health.

The protection and preservation of a public water-supply being the first important step in sanitation, I would beg to remind you that less than two years ago the probability of polluted watersheds supplying one-half of our population agitated the minds of the governing bodies for the areas interested to a very marked degree. As a result the Provincial Board of Health formulated regulations dealing with the subject at length and approved of by the municipalities affected. These regulations have been put into effect with very satisfactory results, and although much industrial development has occurred in one of the watersheds, not a single case of typhoid or other water-borne infection has developed so far. This result has been brought about by the ready and sympathetic co-operation accorded to your officials by the municipal authorities and contractors interested.

The prospects of logging and mining on the Burrard watershed area will, in the very near future, assume vast proportions, and if the public health is to be safeguarded, greater vigilance and precautionary measures must be exercised by the Provincial and municipal authorities. It is quite possible to protect the water without throttling industrial development. Pollution of Kootenay Lake water at Balfour through spasmodic fractures and eruptions from the septic discharge irrigation system has been eliminated by the installation of a dual system of chlorinating-chambers. It was installed under the personal supervision of Dr. Oleson, Superintendent of the Balfour Military Convalescent Hospital, and has proved to be most satisfactory in its functions.

SUMMER RESORTS.

The summer or seaside resorts of British Columbia are being invaded as never before, and this in spite of a backward spring and inadequate transportation facilities. The camps used at these places are of a temporary nature and insufficient attention is given to proper disposal of refuse and excreta, and frequently a proper supply of fresh water is not available. An educational campaign is being carried on by the distribution of health posters coupled with rigid sanitary inspection.

FRUIT- AND VEGETABLE-CANNING ESTABLISHMENTS.

The majority of these canneries are located in sunny Okanagan. The departmental regulations enforced at these establishments have proved to be quite satisfactory. Train-loads of packed and preserved fruit and vegetables have been shipped from this Province and have, through the excellence of flavour and care in packing, created a demand which will undoubtedly increase as this splendid food becomes better known. Grown, picked, and prepared under the most exceptional climatic and sanitary conditions, with Government supervision, it would indeed be difficult to predict the future limit of demand for Okanagan food products.

FISH-CANNING AND PRESERVING.

British Columbia's world-famous salmon-stream, the Fraser River, supplied forty-seven canneries with the most edible salmon known—the sockeye. To-day the Fraser River has less than a third of the canneries in operation. However, the total number of fish-canneries throughout British Columbia has not diminished, owing to the fact that many new ones are being built in the northern part of the Province. These canneries are regularly inspected. The conditions of our regulations governing such establishments are being complied with in so far as the sanitary precaution of preparation is concerned.

The fish are fresh and firm. Filling, cooking, and cutting are being done by most ingenious machinery, scrupulously clean and free from rust. Cans are of the modern, sanitary, solderless type. From the time the fish leave the water to the period of sealing for export and use it is handled in the most cleanly method and protected from any possible contamination.

It is only in the disposal of the refuse cuttings and offal that we have to find fault, and even in that respect the number of canners defaulting is negligible, and located as they are in isolated places where quite often the existence of shoals of dogfish act as sea scavengers in devouring cannery refuse, which according to our regulations should be conveyed to an incinerator or dumped into the sea beyond the three-mile limit.

Industrial Camps and Towns.

The inspection of industrial camps is the chief work of this Department. The worker of to-day is no longer satisfied with pioneer methods of life, no matter how far his work may take him from the cities. He very rightfully demands all that the law allows in sanitary conveniences and general comfort.

It is very seldom a complaint is made as to poor or insufficient food. The food provided at 99 per cent. of the industrial camps is well cooked, wholesome, and without stint.

The housing and bathing facilities are not always up to the standard required by our regulations, but through the mediumship of our Provincial Police acting as Sanitary Inspectors a most thorough inspection of every camp in British Columbia is in effect. Already we have, through that source, several hundred inspection reports of camps from every district in the Province, and wherever a special journey of investigation is made by the writer several follow-up visits are made by the local constable. The employees are also well informed as to our regulations and do not hesitate to report any deficiency. Consequently the industrial camps in unorganized territory are in better shape to-day than ever before. It is furthermore the intention that even better provision for employees shall be made in the near future.

The Department was called upon by the Salmon Arm Local Board of Health to investigate and dispose of a slaughter-house nuisance, and at Chemainus a serious nuisance and menace to health, through the erection of insanitary shacks upon the foreshore, was attended to.

The attention of the Department is now engaged on an alleged nuisance by fertilizer plant on the North Arm of the Fraser River in South Vancouver.

Numerous cases of alleged menace or nuisance of a minor nature have been attended to at various parts of the Province, and others are now under investigation.

The work of the Department has been carried out in a systematic manner, and I am pleased to report the existence of a hearty co-operation on the part of both employers and employees, and also such evidence of improvements of conditions in general as to merit commendation from all sides.

In closing, I would wish to draw your attention to the very great and valuable assistance that we have received from the Provincial Police. Superintendent McMynn and all the members of the force have been untiring in their efforts to give effect to requests for special visits of inspection. Their regular reports on the sanitary condition of the camps in their individual district have been of great help to the Department, and have enabled us to keep our knowledge of the camps up to date. We have been enabled, through the work of the police, to give immediate attention to specific complaints and to bring about improvements. Their work is becoming increasingly valuable.

I have, etc.,

Frank DeGrey,

Chief Sanitary Inspector.

HOSPITAL INSPECTION.

HOSPITAL INSPECTOR'S OFFICE,
VICTORIA, B.C., June 30th, 1919.

H. E. Young, M.D., LL.D.,
Provincial Officer of Health, Victoria, B.C.

SIR,—I have the honour to submit the Seventh Report on Hospital Inspection in British Columbia.

This part of my duties, fitting in admirably with that of Chief Sanitary Officer, has been carried out during the past year without breach or untoward incident. No complaints of mismanagement or inefficiency have been directed towards any public or licensed hospital in British Columbia.

A very creditable institution has just been opened by the City of Prince Rupert quite recently. The new wing to the King Edward Sanatorium, Tranquille, is just being completed. This addition will practically double the capacity of the institution.

The question of increased production by the farm must be dealt with. The present supply of milk will be entirely inadequate when the new wing is filled with patients. The dairy herd will have to be doubled, necessitating an increase in acreage to provide pasturage fodder and garden-truck. Modern and up-to-date dairy buildings and stock-barns will have to be built and the present ramshackle affairs in use done away with. The present buildings are too close to the Sanatorium, are not suited for the purpose, nor are they in keeping with the modern up-to-date institution to which they belong.

The Nanaimo General Hospital Board are seriously contemplating the erection of a new hospital. The Salmon Arm Hospital Board are also considering ways and means for the building of a much-needed twenty-bed hospital. North Vancouver City is also concerned over the existing inadequacy in that respect.

The following letter will explain why, in the face of hospital inspection, many deficiencies or omissions of a simple yet important nature exist in many of our new hospitals:—

VICTORIA, B.C., May 20th, 1919.

Dr. H. E. Young,
Provincial Officer of Health, Victoria, B.C.

SIR,—Whilst following instructions to inspect some of the hospital institutions just completed and under construction, I find glaring oversights in sanitary matters. Toilets are often misplaced; sewage-disposal plants located in a manner as to jeopardize adjacent water-supply; lighting, ventilation, and fire-escapes overlooked.

On pointing out these defects I am usually informed that plans were submitted to the Government and passed upon. This is probably so, and they are passed upon in so far as the proper specifications are concerned from an architect's or engineer's standpoint, but if it could be made compulsory that Government-aided institutions must first get plans approved by the Provincial Board of Health it would eliminate a lot of extras and expensive alterations afterwards.

An example of such oversight can be found in the new addition to the Tranquille Institution, where roof-vents have been overlooked, toilets misplaced, insufficient ventilation to kitchen, white finish to sun-rooms, lack of air-vent and preservative space between basement concrete and wood covering, and location of septic tanks unnecessarily near Kamloops Lake.

It is not my intention to cast reflection on any one, but just simply to show the position of officials of this Department being called upon to inspect without the opportunity of offering preventive suggestions before the plans are passed or accepted.

I have, etc.,
FRANK DEGREY,
Acting Hospital Inspector.

The number of private hospitals in British Columbia show a slight increase. Several new licences have been issued, two have been revoked, and several applications have been declined through lack of qualification or ill-suited premises.

Licences are issued for private hospitals in three grades—medical, maternity, and surgical—according to qualification of applicant and general suitability of premises to be used.

Many of the private hospitals are splendidly equipped, and, although not large, patients receive the care and skilled attention of nurses from the finest hospitals known. The private hospital fills the long-needed happy medium for the many requiring medical or surgical attention who are not disposed to enter a large public institution.

The work of suppressing illegal maternity homes require tactful vigilance. Five such places have been closed during the past year.

The orphanages are all very well conducted, and in spite of increasing responsibilities these institutions are carrying on their noble work. If the general public could be made aware of the struggle and strain entailed to keep these charitable homes up to their necessary standard, the public conscience would be awakened to greater activity on their behalf. The fact that many of the newer inmates are soldiers' orphans should make the plea for Federal assistance in their maintenance a reasonable one.

I have, etc.,

FRANK DEGREY,

Acting Hospital Inspector.

MEDICAL INSPECTION OF SCHOOLS.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., July 31st, 1919.

Doctor the Honourable J. D. MacLean,
Provincial Secretary, Victoria, B.C.

SIR,—I beg leave to submit the Eighth Annual Report of the Medical Inspection of Schools for the Province of British Columbia.

At the beginning of the school-year a letter was sent to the Medical Inspectors pointing out the character of the work that was desired by the Department, and also pointing out the fact that the interest in this work taken by the public is steadily increasing.

We adopted the system in our distribution of our reports of sending it to the Women's Institutes, and through the kindness of the Secretary of the Women's Institutes of the Province we circularized the institutes and called their attention to the medical report of the conditions existing amongst the pupils in their particular district. This has had a very salutary effect and has elicited criticism of the work. We had hoped to produce just such an effect, and in reply to these criticisms full explanations were given of the intention of the Act, and our correspondence urged the continuance of the oversight they had haply begun, and to report to the Department any neglect which they may have found on the part of the officials, and particularly to offer suggestions for the more perfect working of the Act. The response to our efforts to stimulate a greater interest amongst the examiners and the public has been gratifying.

Cards were issued to the Medical Inspectors to enable them to notify the teachers of the date of their visit to a particular school, and a request was made that through the teachers and pupils an invitation be extended to the parents to visit the school on the day of the medical inspection. Some slight response to this request has been received—as much as we can expect immediately following the initiation of such a movement; but the interest taken certainly shows that the effect will be increasingly great from year to year, and by the stimulation of the parental interest we can hope to have many of the defects remedied which heretofore have been neglected.

The physicians are not able to do much more than call the attention of the parents to the existence of defects and to advise that means be taken to overcome them. In my last report I suggested that an extension of this work be attempted by the appointing of qualified nurses. A beginning has been made in this respect, and now the Board of Health is undertaking the establishment of health centres throughout the Province in charge of a regular trained public-health nurse. The examination of the school-children by the medical practitioner will be supplemented by the advice of the trained nurse visiting the homes. We have found that it is not that the parents do not wish to follow advice, but that they do not understand, and an explanation from the trained nurse as to the effect of allowing defects to persist will bring about a very much larger percentage of cases being attended to.

We propose to continue to extend the work as far as possible and to make a further effort during the coming year through our health centres to have greater attention paid to the dental needs of the pupils.

We feel that we are on the eve of a period of much greater progress. The public are taking such an interest in health matters, and are realizing from the study of the figures furnished by the military authorities of the number of defects who were rejected on enlistment, that something will have to be done in the way of bringing about a better physical condition of our population. These defects can be remedied and cured if they are taken during childhood, and with the great extension of this work in Great Britain, United States, and Canada there should be a very marked improvement in the present rising generation when they reach maturity.

Criticisms have been offered as to the work of the schools inspection, such criticisms having been elicited on our request, and the suggestion has been made that the work has not accomplished its purpose. The impression may be formed of one particular school of such a nature, but in reply to these critics we have always written that an opinion of the benefits derived from the

work cannot be formed by basing such opinion on the examination of a few schools. When the reports which have been submitted by the Department during the past six years are gone over collectively, it is gratifying to the Department to feel that a great deal is being accomplished, and more particularly gratifying to note that the improvement is becoming more marked from year to year, and with our "follow-up" system, which we hope to institute, we feel confident that the changes for the better will be so apparent as to elicit commendation.

I am submitting a detailed report of the schools examined.

I have, etc.,

H. E. Young,

Provincial Officer of Health.

SCHOOLS INSPECTED.

High Schools.

High schools, 38. 1917-18: Reported, 22. 1918-19: Reported, 18.

Pupils inspected: 1917-18, 2,155; 1918-19, 2,013, a decrease of 142.

Graded City Schools.

Cities, 35. 1917-18: Reported, 19; not reported, 16. 1918-19: Reported, 24; not reported, 11.

Pupils inspected: 1917-18, 24,019; 1918-19, 29,366, an increase of 5,347.

Rural Municipal Schools.

Municipalities, 27. 1917-18: Reported, 16; not reported, 11. 1918-19: Reported, 18; not reported, 9.

Pupils inspected: 1917-18, 10,946; 1918-19, 11,869, an increase of 923.

Rural and Assisted Schools.

Schools inspected: 1917-18, 328, at a cost of $5,674.50; 1918-19, 354, at a cost of $5,835.80.

Schools not inspected: 1917-18, 173; 1918-19, 171.

Pupils inspected, 1917-18, 7,384; 1918-19, 8,396, an increase of 1,012.

Cost of inspection per pupil: 1917-18, 76½ cents; 1918-19, 69½ cents.

Percentage of defects: 1917-18, 86.11; 1918-19, 90.13, an increase of 4.02.

Medical Inspectors: 1917-18, 85; 1918-19, 80.

Reports from Medical Inspectors: 1917-18, 82; 1918-19, 76.

HIGH

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Chilliwack	J. C. Henderson		105	103	1	....	1	....	....	4	10
Cumberland	G. K. MacNaughton		34	33	4	....	5	4	3	1	2
Duncan	W. Dykes	Mrs. Hopkins	....	40	....	....	1	1	....	1	5
Grand Forks	W. Truax		55	55	....	....	1	....	....	....	....
Hazelton	G. Morse		16	16	1	....	....	....	....	....	....
Kamloops	M. G. Archibald		89	82	....	....	8	....	3	1	7
Kelowna	W. J. Knox		52	52	....	....	1	....	....	1	2
Maple Ridge	G. Morse		15	13	....	....	1	1	....	....	1
Matsqui	R. H. Port		15	11	....	....	1	....	....	....	....
Nanaimo	W. F. Drysdale		98	98	....	....	9	....	....	8	22
Nelson	Isabel Arthur		192	100	....	....	13	1	3	....	8
New Westminster	J. G. McKay		353	339	10	....	5	1	3	48	60
Peachland	Wm. Buchanan		11	11	....	....	1	....	....	....	....
Prince Rupert	Neil M. McNeill		40	40	....	....	3	....	....	1	1
Revelstoke	J. H. Hamilton		87	81	....	....	3	....	....	....	6
Rossland	J. W. Coffin		40	40	....	....	2	....	....	....	....
Vancouver:											
Britannia	R. Wightman / H. B. Wilson		462	227	....	....	19	7	6	....	13
King Edward	R. Wightman / M. P. Hogg		807	305	1	....	19	5	2	1	22
King George	R. Wightman / M. P. Hogg		358	121	1	....	8	1	....	1	6
Kitsilano	R. Wightman / M. P. Hogg		93	36	....	....	1	....	....	....	3
Cecil Rhodes	R. Wightman / M. P. Hogg		173	62	....	....	6	2	....	....	4
Vancouver, North	E. A. Martin	Miss Brown	148	148	....	....	8	3	1	1	14

GRADED CITY

Alberni	C. T. Hilton		66	60	....	1	5	....	1	2	10
Armstrong	P. D. van Kleeck		211	211	23	25	26	11	4	58	93
Chilliwack	L. A. Patten		303	303	7	....	9	2	25	22	25
Cranbrook:											
Central	G. E. L. MacKinnon		....	363	....	....	26	....	1	....	62
South Ward	"		....	59	....	....	1	....	....	....	16
Kootenay Orchards	"		....	12	....	....	4	....	....	....	7
Cumberland	G. K. MacNaughton		381	359	81	25	34	41	80	9	96
Duncan	W. Dykes	Mrs. Hopkins	....	175	....	....	7	....	6	10	38
Enderby	H. M. Keith		170	130	....	....	18	....	1	1	50
Grand Forks	W. Truax		358	350	....	....	8	....	14	6	24
Kamloops	M. G. Archibald		492	473	....	..	12	5	17	15	75
Kelowna	W. J. Knox		400	380	4	....	7	2	....	7	9
Ladysmith	Montgomery & Watson		361	350	....	....	2	3	35	15	35
Merritt	G. H. Tuthill		261	234	1	....	12	....	8	12	39
Nanaimo:											
Quennell	W. F. Drysdale		707	655	....	....	41	1	....	62	175
Middle Ward	"		148	137	....	....	4	....	....	10	29
South Ward	"		156	100	....	....	1	2	....	16	45
Nelson	Isabel Arthur		693	600	6	1	28	2	20	28	66
New Westminster:											
Lord Kelvin	J. K. McKay	Miss Starke	307	295	3	..	5	1	2	67	90
Lord Lister	"	"	329	317	7	....	12	....	2	32	55
F. W. Howay	"	"	414	399	15	....	16	3	....	115	157
John Robson	"	"	426	397	4	....	9	5	3	47	93
Richard McBride	"	"	381	367	18	....	16	2	2	51	118
Herbert Spencer	"	"	336	318	7	....	12	2	4	58	136
Queensboro	"	"	353	339	10	...	5	1	3	48	60
Port Coquitlam:											
Central	G. A. Sutherland		180	128	2	...	9	3	16	21	23
James Park	"		89	66	....	....	5	....	9	7	9

SCHOOLS.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
5	....	21	.....	....	....	....	....	.....	Good.....	Yes.
14	2	3	Cardiac 1; wax in ears, 9; skin-disease	....	....	....	....	Influenza; chicken-pox..	Heating not satisfactory	Not adequate.
1	1	4	anæmia, 5; curvature of spine, 1; hollow chest, 1; high palate, 1	....	....	....	1	Influenza, 9	Good.....	Good.
4	....	....	.....	....	....	....	....	Influenza.....	Poor	Bad.
2	....	....	.....	....	....	....	....	.....	Good.....	Clean.
15	....	11	.....	....	....	....	....	Chronic diphtheria, 1; psoriasis, 1	"	Good.
2	3	3	Cardiac, 1	....	....	....	..	Influenza.....	"	"
6	....	....	.....	....	....	....	....	.....	"	Clean.
....	....	4	.....	....	....	....	....	.....	"	Yes.
16	....	11	.....	....	....	....	....	Influenza, 11; diphtheria, 1	Fair.....	Good.
36	....	39	Heart, 1	....	....	....	....	Influenza, 100.	Good.....	"
69	58	59	.....	....	....	....	....	.....	Modern	Yes.
....	....	10	.....	....	....	....	....	.....	Satisfactory	Clean and adequate.
3	....	2	.....	....	....	....	....	.....	Adequate	Adequate.
2	....	....	.....	....	....	....	....	.....	Good.....	Good.
6	2	....	.....	....	....	....	....	.....	"	Yes.
74	....	26	Heart trouble, 12; pulmonary, 1	....	....	....	....	Vaccinations, 102.....	"	Good.
55	....	36	Heart trouble, 14; pulmonary, 1	1	....	....	....	" 100.....	"	"
18	1	8	Heart trouble, 2	....	....	....	....	" 48..	"	"
5	....	6	Heart trouble, 1	....	....	....	....	" 8..	"	"
15	1	14	Heart trouble, 3	....	....	....	....	" 26..	"	"
17	....	7	Hernia, 1.	....	....	....	....	Influenza, 40.	"	"

SCHOOLS.

15	1	7	.....	....	....	....	....	.....	Good.....	Adequate; boys not clean.
130	6	45	.....	....	....	....	3	.....	"	Clean.
....	52	4	Cardiac, 2	....	....	1	1	Measles, whooping-cough	"	Clean and adequate.
164	....	24	Infantile paralysis, 1; flat feet, 1	....	2	....	....	.....	"	Good.
43	....	....	.....	....	....	....	....	.....	"	"
5	....	....	.....	....	....	....	....	.....	"	"
244	166	7	Wax in ears, 109; cardiac, 7; warts, 10; pulmonary, 1; orthopædic, 11; catarrh, 31; blepharitis, 2; defective speech, 1	....	....	2	....	Influenza; chicken-pox..	Heating very unsatisfactory.....	Inadequate but clean.
53	6	9	Orthopædic, 1; Defective palate, 1; poliomyelitis, 1; torticollis, 1; diseased hip, 1	....	....	....	....	Influenza, 34.....	Good.....	Good.
52	1	28	Anæmia, 2.....	....	....	....	....	"	"	Yes.
88	17	4	Cardiac, 2	....	....	....	....	"	"	Clean and adequate.
253	..	13	.....	....	....	....	....	.....	.....	.....
11	5	12	Chorea, 7; cardiac, 4; asthma, 1	....	....	....	1	Mumps; influenza	"	Good.
70	4	4	.....	....	....	....	....	" "	"	Yes.
98	47	52	Cardiac, 2	1	..	....	....	Influenza, 38; measles, 35; mumps, 43	Satisfactory	"
265	6	23	Orthopædic, 1; catarrh, 1; skin, 1	6	....	....	....	Influenza, 295; diphtheria, 4	Good.....	Good.
68	3	1	... .	....	....	....	....	Influenza, 51.....	"	"
82	5	....	.....	4	....	....	....	Influenza, 23; diphtheria, 1	"	"
329	6	89	.....	6	....	....	3	Influenza, 400; rubella, 1	"	Clean and adequate.
115	86	20						.....	Modern	Yes.
82	57	13						.....	"	"
126	109	54	Total for City: Cardiac, 5;					.....	Old; out of date.	"
106	71	22	chorea, 2; poliomyelitis, 3;	35	26	84	9	.....	"	"
135	86	29	pulmonary, 3					.....	Modern	"
147	45	40						.....	"	"
69	58	59						.....	Old	"
33	23	5	Blepharitis, 3; stuttering, 1; pulmonary, 2	....	....	....	....	Influenza; chicken-pox, 10	Good.....	Clean and adequate.
24	15	10	Lateral curvature, 1; chronic endocarditis, 1	....	....	....	....	Influenza.	"	Clean and adequate.

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Prince Rupert	Neil M. McNeill		576	542	16	4	21	4	11	25	80
Revelstoke:											
Central	J. H. Hamilton		263	248	....	....	7	....	2	4	20
Selkirk	"		277	260	....	....	12	....	6	22	49
Rossland:											
Central	J. W. Coffin		438	438	....	....	4	2	....	4	10
Cook Avenue	"		42	42	....	....	....	....	....	....	2
Sandon	A. C. Nash		46	29	....	....	4	....	....	1	5
Slocan	W. E. Gomm		62	50	1	....	3	....	1	1	24
Vancouver:											
Aberdeen	R. Wightman M. P. Hogg	M. Campbell	399	366	4	....	34	5	15	9	54
Alexandria	R. Wightman B. H. Wilson	V. B. Stevens	587	544	13	....	58	12	18	8	73
Bayview	R. Wightman M. P. Hogg	A. Derraugh	315	321	2	1	23	6	14	2	40
Beaconsfield	R. Wightman B. H. Wilson	M. Cruikshank	235	239	11	....	15	4	6	5	32
Charles Dickens	R. Wightman B. H. Wilson	V. B. Stevens	306	314	9	....	27	8	15	8	42
Cecil Rhodes	R. Wightman M. P. Hogg	A. Derraugh	421	405	2	1	23	4	8	2	45
Central	R. Wightman M. P. Hogg	M. Campbell	830	736	20	25	73	12	40	20	121
Children's Home	R. Wightman B. H. Wilson	M. Cruikshank	98	80	....	1	13	2	4	2	9
Dawson	R. Wightman M. P. Hogg	M. Campbell	912	887	2	10	61	9	27	15	101
Fairview	R. Wightman M. P. Hogg	M. Derraugh	565	441	8	1	35	7	17	22	87
Florence Nightingale	R. Wightman B. H. Wilson	V. B. Stevens	692	735	15	1	46	20	27	12	96
Franklin	R. Wightman B. H. Wilson	M. Cruikshank	218	242	1	1	11	8	9	2	25
General Gordon	R. Wightman M. P. Hogg	M. Derraugh	392	401	2	..	40	3	29	8	61
Grandview	R. Wightman B. H. Wilson	R. Horning	564	528	....	....	30	10	10	7	52
Hastings	R. Wightman B. H. Wilson	M. Cruikshank	506	603	3	....	42	12	20	5	46
Henry Hudson	R. Wightman M. P. Hogg	M. Derraugh	537	523	7	....	23	20	24	12	87
Kitsilano	R. Wightman M. P. Hogg	"	484	464	2	....	26	7	19	4	52
Laura Secord	R. Wightman B. H. Wilson	M. Cruikshank	394	360	8	..	24	10	8	4	47
Livingstone	R. Wightman B. H. Wilson	V. B. Stevens	369	388	13	..	45	18	16	15	61
Macdonald	R. Wightman B. H. Wilson	R. Horning	414	397	6	....	29	13	13	9	67
Model	R. Wightman M. P. Hogg	M. Ewart	490	591	3	1	37	12	20	7	57
Mount Pleasant	R. Wightman B. H. Wilson	V. B. Stevens	691	711	19	..	55	18	41	4	89
Nelson	R. Wightman B. H. Wilson	M. Cruikshank	661	641	7	....	21	11	7	8	47
Roberts	R. Wightman M. P. Hogg	M. Campbell	935	920	3	....	54	22	25	17	110
Seymour	R. Wightman B. H. Wilson	R. Horning	713	629	10	1	40	19	23	12	75
Simon Fraser	R. Wightman M. P. Hogg	M. Ewart	606	622	7	8	44	18	28	18	90
Strathcona	R. Wightman B. H. Wilson	R. Horning	762	747	14	26	74	15	42	12	121
Tennyson	R. Wightman M. P. Hogg	M. Derraugh	589	609	7	....	15	13	12	12	63
Deaf	R. Wightman B. H. Wilson	E. G. Breeze	33	33	1	2	9	32	....	1	8
Blind	R. Wightman	"	6	6	....	....	6	1	....	....	3
Vancouver, North:											
Lonsdale	E. A. Martin	Miss Brown	361	361	2	1	6	..	4	68	70
Queen Mary	"	"	442	440	2	....	13	5	6	52	84
Ridgeway	"	"	418	415	3	3	7	6	5	42	61
Victoria:											
Bank Street	H. J. Wasson	M. Grimmer	165	161	1	....	....	....	....	2	16
Beacon Hill		"	131	126	....	....	....	....	....	....	25
Burnside		"	229	231	1	1	4	....	....	....	26

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
138	63	....	Anæmia, 8; defective speech, 5; nephritis, 1; jaundice, 1; unclean, 2; bronchitis, 1; tuberculosis, 1; chorea, 1	2	....	4	1	Influenza, 25; measles, 1; chicken-pox, 8	Adequate	Adequate.
18	2	5		....	....	1	....		Good	Good.
12	3	7		....	....	1	....		"	"
47	18	4	Rheumatic endocarditis, 4	....	....	....	....	Chicken-pox, 45	"	Yes.
7	....	....		....	....	....	....	" 2	"	"
14	5	....	Defective speech, 3	....	....	....	....	Influenza	Normal	Not adequate.
....	....	18	Cardiac, 2	....	....	....	....	"	Good	Clean and adequate.
75	20	10	Vaccinations, 59; heart trouble, 13; pulmonary, 8	....	....	....	....		"	Yes.
125	5	28	Vaccinations, 125; heart trouble, 17; pulmonary, 2	....	....	....	....		"	"
69	5	21	Vaccinations, 70; heart trouble, 8; pulmonary, 3	1	....	....	....		"	"
60	....	5	Vaccinations, 58; heart trouble, 5	10	1	....	....		"	"
68	2	13	Vaccinations, 67; heart trouble, 7; pulmonary, 2	5	1	1	....		"	"
62	3	5	Vaccinations, 102; heart trouble, 2; pulmonary, 1	4	....	....	....		"	"
155	33	26	Vaccinations, 202; heart trouble, 11; pulmonary, 9	11	....	1	1		"	"
13	2	5	Vaccinations, 13; heart trouble, 3	1	1	....	....		"	"
200	29	55	Vaccinations, 209; heart trouble, 17; pulmonary, 5	....	....	....	....		"	"
106	11	15	Vaccinations, 115; heart trouble, 5; pulmonary, 2	4	....	....	....		"	"
190	5	48	Vaccinations, 147; heart trouble, 20; pulmonary, 5	1	3	....	....		"	"
56	5	10	Vaccinations, 88; heart trouble, 6; pulmonary, 3	3	....	....	....		"	"
51	9	5	Vaccinations, 86; heart trouble, 9; pulmonary, 2	....	....	....	....		"	"
125	3	11	Vaccinations, 100; heart trouble, 11; pulmonary, 2	....	3	....	1		"	"
97	13	19	Vaccinations, 122; heart trouble, 14; pulmonary, 2	1	2	....	....		"	"
114	11	18	Vaccinations, 123; heart trouble, 12; pulmonary, 5	4	....	....	....		"	"
76	8	15	Vaccinations, 76; heart trouble, 6; pulmonary, 2	....	....	....	....		"	"
85	7	11	Vaccinations, 96; heart trouble, 6; pulmonary, 2	2	....	1	....		"	"
96	28	24	Vaccinations, 102; heart trouble, 14, pulmonary, 2	3	....	....	....		"	"
95	6	16	Vaccinations, 85; heart trouble, 8	2	....	....	....		"	"
143	11	18	Vaccinations, 112; heart trouble, 5; pulmonary, 3	8	....	....	....		"	"
190	7	15	Vaccinations, 210; heart trouble, 25; pulmonary, 6	4	2	....	....		"	"
146	6	25	Vaccinations, 134; heart trouble, 19; pulmonary, 1	....	....	....	....		"	"
160	12	21	Vaccinations, 277; heart trouble 17; pulmonary, 5	1	....	....	....		"	"
142	7	25	Vaccinations, 168; heart trouble, 13; pulmonary, 5	6	3	1	2		"	"
157	12	5	Vaccinations, 110; heart trouble, 13; pulmonary, 8	1	....	1	....		"	"
216	20	17	Vaccinations, 198; heart trouble, 17; pulmonary, 3	17	1	3	1		"	"
96	3	19	Vaccinations, 94; heart trouble, 18; pulmonary, 7	....	....	....	....		"	"
9	....	....	Vaccinations, 6; heart trouble, 1	....	....	....	....		"	"
2	....	....	Vaccinations, 2	....	....	....	....		"	"
78	2	1	Kyphosis, 1; infantile paralysis, 1	....	....	....	....	Influenza, 59	"	Clean and adequate.
81	3	2	Eczema, 1; tongue-tie, 2; acne, 3; stutters, 2	....	....	....	....	Influenza, 121; diphtheria, 2	"	Clean and adequate.
85	4	4	Defective speech, 5; stutters, 1, tongue-tie, 1	1	....	....	....	Influenza, 60	"	Clean and adequate.
8	1	....		3	1	3	....	Influenza, 32	"	Yes.
10	1	....		1	....	....	....	" 39	"	"
23	1	2		6	....	5	1	" 65	"	"

GRADED CITY

Name of School	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
[illegible]											
[illegible] Boys	H. J. Wasson	M. Grimmer	404	379	1	1	4	...	....	..	30
[illegible]	[illegible]	[illegible]	471	425	1		3	1	...	...	31
[illegible]	[illegible]	[illegible]	420	395		...	2	2	..	...	31
[illegible] Street	[illegible]	[illegible]	210	179		..	..	..	1	2	23
[illegible] Hill	[illegible]	[illegible]	133	119	...	..	..		1	1	17
[illegible]	[illegible]	[illegible]	69	70	...		..	..	..	..	10
[illegible]	[illegible]	[illegible]	391	374			4		..	3	45
[illegible]	[illegible]	[illegible]	229	206	1	1	7	.	1	....	21
[illegible] [illegible]	[illegible]	[illegible]	226	200	..	..	3	...	..	..	20
[illegible] [illegible]	[illegible]	[illegible]	445	383	2	1	3	1	.	2	31
[illegible] Wood	[illegible]	[illegible]	330	314	2	1	3		..	1	14
[illegible] [illegible]	[illegible]	[illegible]	206	183		....		..	..	2	23
[illegible] Park	[illegible]	[illegible]	346	341	1	.	7		....	.	8
[illegible]	[illegible]	[illegible]	12	9	3	4	..	.	....	.	3
[illegible] Street	[illegible]	[illegible]	81	81	...	....	..	..	..	..	8
[illegible] West	[illegible]	[illegible]	373	339	.	.	8	...	..	1	47

RURAL MUNICIPALITY

Burnaby:											
[illegible] Avenue	G. de B. Watson		24	21	....	..	....	..	..	..	1
[illegible]	E. J. Foster		12	10	...	..	1	...	..	..	2
[illegible] School	G. de B. Watson		264	204		.	17	4	8	1	16
[illegible] Road			87	87	....	..	..	1	..	1	4
[illegible] Avenue	E. J. Foster		472	402	....	..	31	10	25	47	60
[illegible] Road	G. de B. Watson		35	30	...	..	2	..	2	1	1
[illegible] Avenue	E. J. Foster		33	30	....	..	3	1	3	4	5
[illegible] Avenue	W. G. Morris		123	112	2	2	17	...	7	3	21
[illegible] East	G. de B. Watson		77	74	....	..	.	..	..	1	2
[illegible], West	W. G. Morris		341	297	1	..	45	3	16	3	66
[illegible] Avenue	[illegible]		140	135	..	..	28	2	12	4	21
[illegible], East	[illegible]		57	57	..	..	3	..	3	1	10
[illegible] Street	E. J. Foster		50	45	..	..	3	1	4	7	9
[illegible] Street	G. de B. Watson		80	80	..	1	4	..	..	..	6
[illegible] Avenue	E. J. Foster		28	26	..	1	2	..	2	3	3
Colwood:											
[illegible]	J. C. Henderson		58	44	..	..	1	..	..	4	6
[illegible] School	J. C. Elliot		49	43	1	1	....	3	2	7	9
[illegible]	[illegible]		67	57	..	1	..	5	2	5	7
[illegible], East	[illegible]		54	48	...	..	1	3	6	6	10
[illegible] Island	J. C. Henderson		37	35	..	..	..	..	..	6	8
[illegible]	[illegible]		62	49	..	..	..	..	..	.	7
[illegible] Hill	[illegible]		9	9	....	....	....	....	....	1	1
[illegible] Flats	[illegible]		10	7	..	..	..	..	..	..	..
[illegible]	J. C. Elliot		83	52	1	..	1	8	5	5	16
[illegible]	J. C. Henderson		124	94	1	1	1	....	1	8	9
[illegible]	[illegible]		52	47	1	..	1	..	....	5	6
[illegible]	[illegible]		12	10	1	..	..	..	..	2	3
[illegible] Cross	[illegible]		10	7	..	..	..	..	..	2	2
Yarrow	[illegible]		9	7	..	..	..	....	..	..	..
Cowichan, North:											
[illegible]	A. M. Andrews		67	55	..	....	3	1	3	3	3
[illegible]	[illegible]		..	24	..	..	....	....	....	....	4
[illegible]	W. Dykes	Mrs. Hopkins	8	6	....	....	..	....	....	....	....
[illegible]	[illegible]		..	17	..	..	2	....	..	1	4
[illegible]	A. M. Andrews		29	18	..	..	..	..	2	1	1
Esquimalt	E. W. Ibbs		550	541	10	4	27	23	41	35	121
[illegible]											
[illegible]	A. McBurney		54	46	1	1	5	2	2	1	18
[illegible] Lake	[illegible]		46	29	...	1	2	....	..	..	4
[illegible]	[illegible]		36	24	3	..	2	..	..	2	1
Glen Wood	[illegible]		18	16	2	....	2	..	....	1	2

SCHOOLS—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
26	9	....	Paraplegia, 1; infantile paralysis, 1	5	4	4	1	Influenza, 141	Good	Yes.
35	8	6	Anæmic, 1; acne, 1	13	3	4	1	" 84	"	"
38	3	5	Acne, 1	1	....	....	1	" 132	"	"
18	2	4	Tubercular glands, 1	9	1	2	....	" 69	"	"
4	....	....	Anæmic, 1	6	....	3	....	" 38	"	"
7	....	....		1	1	1	....	" 24	"	"
21	4	3	Anæmic, 1	1	2	2	3	" 59	"	"
18	....	....		3	1	2	....	" 62	"	"
8	2	1	Anæmic, 2	1	2	2	....	" 57	"	"
28	....	6	Anæmic, 1	....	2	2	....	" 122	"	"
32	1	1		10	2	5	....	" 94	"	"
17	2	....		3	1	....	....	" 91	"	"
21	....	3		6	1	1	....	" 97	"	"
1	....	....		....	....	....	....	" 2	"	"
4	....	....		....	....	....	1		"	"
41	5	3	Tubercular glands, 1; eczema, 1; fourth finger absent, 1	4	3	4	1	Influenza, 128	"	"

SCHOOLS.

8	2	....	Unclean, 1; nebula of cornea, 1	....	....	....	....	Influenza	Good	Yes.
1	1	....		....	....	....	....		"	"
91	18	....	Stabianus, 1; wax in ears, 3; heart, 1; unclean, 3; catarrh, 2; rhinitis, 2; pigeon-breast, 1	1	....	1	....	Influenza	"	"
8	....	....	Rhinitis, 1	....	....	....	....	Influenza; chicken-pox, 2	"	"
50	50	6	Seborrhœa, 4; blepharitis, 7; cardiac, 4; anæmia, 1; pulmonary, 4	2	....	1	....	Measles, 55; mumps, 24; chicken-pox, 30; bronchitis, 3	"	"
11	2	....	Rhinitis	....	....	....	....	Influenza	"	"
6	5	1		1	1	3	....		"	"
26	3	....		....	....	....	....		"	"
15	3	....	Rhinitis, 1; unclean, 1; wax in ears, 3	....	....	....	....	Influenza	"	"
87	3	1	Blepharitis, 3; stabianus 2	....	....	....	....	Scarlet-fever, 1	"	Excellent.
44	....	1		....	....	....	....		"	Good.
26	2	2		....	....	....	5		"	"
11	10	....	Pulmonary, 1	....	....	....	....	Chicken-pox, 5; measles, 12; mumps, 4	"	"
26	8	....	Rhinitis, 1; unclean, 4; iritis, 1; wax in ears, 1	....	....	1	....	Influenza	"	"
4	3	1	Cardiac, 1; pulmonary, 1	....	....	....	....		"	"
14	....	4		....	....	....	....		"	Yes.
21	1	3	Anæmia, 1; skin eruption, 1	....	....	....	....		"	Clean and adequate.
22	....	2		....	....	....	....		Fair	Clean and adequate.
19	....	6	Anæmia, 2	....	....	....	....		"	Clean and adequate.
11	....	5		....	....	....	....		Good	Yes.
9	....	11	Cardiac, 1	....	....	....	....		"	"
..	....	1		....	....	....	....		"	"
3	....	1		....	....	....	....		"	"
31	2	7	Anæmia, 2	....	....	....	1		"	Clean and adequate.
16	1	15	Cleft palate	....	....	....	....		"	Yes.
5	....	3		....	....	....	....		"	"
2	....	....		....	....	....	....		"	"
1	....	1		....	....	....	....		"	"
4	....	....		....	....	....	....		"	"
30	1	....		....	....	....	....		"	Very clean and adequate.
24	1	....	Nervous, 2	....	....	....	....		"	Very clean and adequate.
..	....	....		....	....	....	....	Influenza, 2	Fair	Fair.
4	....	....		....	....	....	....	" 3	Good	Good.
13	....	....	Nervous, 3	....	....	....	....		"	"
391	97	23	Cardiac, 3; meningitis, 1	....	1	17	1	Influenza	Ventilation excellent	Yes.
18	....	....		2	....	....	....	Measles; influenza	Good	"
6	....	1		....	....	....	....	Influenza	"	"
5	1	1	Carditis, 1	....	....	....	....	"	Fair	"
3	1	2	Anæmia, 1	....	....	....	....	"	Poor every way	Bad.

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Langley (*Concluded.*											
Langley, East	A. McBurney		25	16	...	2	2	1	....	....	4
Langley Fort	"		45	44	...	....	3	....	....	4	6
Langley Prairie	"		88	76	...	....	9	2	6	4	22
Langley, West	"		14	10	1	....	2	....	....	....	2
Lochiel	"		14	13	1	....	1	....	1	1	7
Milner	"		45	42	1	....	2	1	3	3	7
Murrayville	"		127	110	8	4	15	4	2	10	20
Otter	"		24	20	1	....	1	6	....	2	4
Patricia	"		27	25	2	2	2	1	1	2	5
Springbrook	"		30	29	....	....	2	1	1	3	13
Maple Ridge :											
Albion	G. Morse		25	20	1	....	2	....	....	....	2
Alex. Robinson	"		51	46	3	....	2	....	....	....	6
Hammond	"		72	72	4	....	5	1	....	....	15
Haney	"		64	64	2	....	3	1	....	....	7
Maple Ridge	"		59	57	2	....	6	2	....	....	9
Ruskin	"		24	16	....	....	....	....	....	....	2
Webster's Corners	"		19	19	6	....	2	2	....	....	5
Whonnock	"		44	42	2	....	2	....	....	....	2
Yennadon	"		15	14	....	....	1	....	....	....	2
Matsqui :											
Aberdeen	R. H. Port		39	33	2	....	2	1	2	2	4
Bradner	"		47	43	1	....	1	....	..	2	5
Clayburn	"		48	34	....	....	....	1	....	5	5
Dunach	"		21	11	1	..	2	....	....	....	2
Glenmore	"		27	27	....	....	....	....	1	....	2
Matsqui	"		49	44	3	....	....	....	....	....	4
Mount Lehman	"		37	31	2	1	2	....	....	3	3
Poplar	"		15	11	....	....	....	....	....	2	2
Peardonville	"		23	16	....	....	1	....	....	1	....
Ridgedale	"		48	46	...	1	1	1	...	2	2
Mission :											
Ferndale	A. J. Stuart		16	16	....	....	....	....	....	....	10
Hatzic	"		45	39	1	....	2	....	3	3	25
Mission	"		229	219	12	....	9	....	8	13	121
Silverdale	"		37	31	...	....	1	....	2	2	20
Stave Falls	"		13	11	....	....	....	....	....	....	7
Stave Gardens	"		12	9	....	....	....	....	....	....	3
Steelhead	"		17	14	....	1	2	....	2	2	5
Oak Bay :											
Oak Bay	W. P. Walker	Mrs. I. Gregg	288	247	3	4	7	1	13	13	31
Willows	"	"	157	147	4	7	4	2	7	7	18
Peachland :											
Central	Wm. Buchanan		76	62	....	....	11	....	....	....	13
Trepanier	"		15	13	....	....	....	....	....	....	....
Penticton :											
Ellis	H. McGregor		425	419	33	7	68	8	30	25	38
Poplar Grove	"		24	24	1	....	2	....	3	3	5
Saanich :											
Cedar Hill	J. P. Vye	Miss Forshaw	92	79	3	1	6	2	32	36	38
Cloverdale	"	"	180	180	1	1	5	....	29	32	55
Craigflower	"	"	94	48	1	....	2	....	4	6	13
Gordon Head	"	"	34	34	....	....	3	1	5	10	16
Keating	"	"	60	54	4	2	3	....	13	19	24
Model	"	"	75	75	1	4	3	..	33	33	35
Mackenzie Avenue	"	"	132	125	1	6	1	....	29	32	33
Normal	E. H. Denovan	"	....	29	....	....	....	....	....	....	1
North Dairy	J. P. Vye	"	57	49	....	....	4	....	5	6	13
Prospect Lake	"	"	24	24	...	....	....	....	7	9	13
Royal Oak	"	"	53	42	....	....	1	....	5	11	19
Sanscheton	"	"	32	32	....	....	....	....	....	....	....
Saanich, West	"	"	53	53	1	....	2	....	15	19	34
Strawberry Vale	"	"	81	77	1	1	3	1	17	21	26
Tillicum	"	"	137	126	3	...	8	....	22	27	38
Tolmie	"	"	348	296	2	3	3	..	29	41	75
Spallumcheen :											
Bennett	P. D. van Kleeck		....	9	....	....	1	....	....	5	3
Hullcar	"		....	9	....	....	....	....	....	4	1
Knob Hill	"		....	24	12	5	....	....	....	13	18

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
5	....	....	Chorea, 1	....	....	4	....	Influenza	Crowded	Fair.
10	1	2		....	....	....	....	" chicken-pox	Good	Yes.
22	2	3		....	....	....	....	" "	"	"
4	....	1		....	....	....	....	"	"	"
5	....	2		....	....	....	....		Fair	"
9	....	2		....	....	....	....	Influenza	Good	"
26	....	4		....	....	....	....	Influenza; chicken-pox	"	"
6	1	1	Carditis, 1	....	....	....	....	Influenza	"	"
2	....	1		....	....	....	....	"	Fair	"
11	2	....		....	....	....	....	"	Crowded	"
14	1	....		....	....	....	....		Good	Clean.
39	2	....		....	....	....	....		"	Dirty.
49	3	....		....	....	....	....		"	Clean.
30	1	....		....	....	....	....		"	Dirty.
27	3	....		....	....	....	....		"	Clean.
3	....	....		....	....	....	....		"	"
18	3	....		....	....	....	....		"	"
21	....	....		....	....	....	....		"	"
13	1	....		....	....	....	....		"	"
4	....	....	Tonsils and adenoids, 1	....	....	....	....	Influenza, 6	Crowded	No.
8	....	....	Chronic eczema, 1	....	....	....	....	" 2; mumps, 3	Good	Yes.
3	....	1		....	....	....	....	" 2	"	No.
4	....	....		....	....	....	....	" 10	"	Yes.
10	....	....		....	....	....	....	Pneumonia, 1	"	No.
5	....	5	Asthma, 1	....	....	....	....		"	Yes.
2	....	....		....	....	....	....	Influenza, 1	"	"
1	....	....		....	....	....	....		"	"
1	....	....		....	....	....	....		"	"
7	....	3		....	....	....	....		"	"
5	....	3		....	....	....	....	Influenza, 11	Old and dilapidated	Unsatisfactory.
23	7	1		....	....	....	....	" 15	Satisfactory	Clean and adequate.
97	23	40		....	....	....	....	" 141	"	Clean and adequate.
14	3	10		....	....	....	....	" 14	"	Clean and adequate.
3	2	....		....	....	....	....		"	Clean and adequate.
3	3	....		....	....	....	....		"	Clean and adequate.
7	....	3		....	....	....	....	Influenza, 5	"	Clean and adequate.
55	30	10	Torticollis	....	....	....	....	Influenz; chicken-pox	Excellent	Yes.
44	9	1	Defective speech, 7; mitral stenosis, 1	....	4	....	....	" "	Crowded; poorly ventilated and heated	"
5	....	68		....	....	....	....		Satisfactory	Clean and adequate.
....	....	13	Heart murmur, 1	....	....	....	....		"	Clean and adequate.
109	7	43	Cardiac, 6; nervous, 7	....	....	2	7	Influenza, 115; chicken-pox, 8	Excellent	Yes.
7	1	3	Nervous, 1	....	....	....	....		"	"
52	6	1	Colitis, 1	....	1	....	....	Influenza, 1	Poorly heated	No seat covers.
55	3	....	Defective left forearm, 1; mitral murmur, 1	....	....	....	....	" 51	Crowded	....
8	1	3		....	....	....	....	" 17	....	....
16	1	1		....	....	....	....	" 15	....	....
21	....	5	Eczema, 1	....	....	....	....	" 23	Poorly heated	No seat covers.
20	....	1		....	....	....	....	" 12	Excellent	Clean and adequate.
37	2	....	Defective hip-joint 1; mitral murmur, 1	....	....	....	....	" 10	....	....
2	....	1	Constipation, 2; acne, 1	....	....	....	....	" 2	Good	Good.
22	1	....		....	....	....	....	" 5	....	....
16	1	1	Defective knee, 1	....	....	....	....	" 3	....	....
17	1	1		....	....	....	....	" 8	....	....
....	....	....		....	....	....	....		....	....
25	4	1	Defective foot, 1	....	....	....	....		....	....
24	4	4		....	....	....	....	Influenza, 18	....	....
31	4	1	Defective leg, 1	....	....	....	....	" 29	....	....
109	1	1	Defective leg, 1	....	....	....	....	" 115	....	....
7	....	1		....	....	....	....		Good	Clean.
5	....	3		....	....	....	....		"	"
14	1	10		....	....	....	....		"	"

RURAL MUNICIPALITY

Name of School	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
[illegible]											
[illegible]	P. D. van Rhijn			17	6	3	1	..	1	6	11
[illegible]				9	2	2	1	.	1	1	5
[illegible]				17	6	4	1		1	2	3
[illegible]				17	7	10	...	1	2	10	9
Salmon											
[illegible]	T. A. Swift		39	37	....	.	. ..	1		...	6
[illegible]				24	...		3	..	1	3	6
[illegible]				15	.	...	...	...	...	...	2
Saanich				13	.	..	.		..	2	1
Mount Lehman				12	....	...	...	.	.	.	..
Summerland	F. W. Andrew		232	210	10	3	20	4	9	18	42
Okanagan North:											
Glenmore	R. V. McCauley		52	52	1	...	1		8	8	22
[illegible]			40	40	....	..	1	.	1	1	9
[illegible]			220	220	4	..	14	5	25	25	78
North Star			102	102	2	....	10	5	12	12	38
[illegible]			28	28	...	..	2	.	1	1	6
Okanagan South:											
Penticton	L. O. [illegible]	M. Leaird	327	287	3	1	10	9	22	13	67
[illegible]			508	389	4	2	13	14	23	17	175
[illegible]			65	54	..	..	..	..	6	4	11
[illegible]			872	297	3	1	7	5	19	16	89
[illegible]											
[illegible]			430	355	1	..	16	20	35	32	115
[illegible]											
[illegible]			657	558	3	2	13	12	42	23	209
[illegible]											
[illegible]			318	289	3	.	8	10	12	6	58
Sumas			135	123	.	.	7	2	8	5	28
[illegible]			736	667	10	3	18	7	32	19	248
[illegible]			131	129	2	1	8	3	7	9	26
[illegible]			627	549	2	3	15	13	33	25	172
[illegible]			270	237	.	1	5	4	9	10	37
Walhachin			559	499	5	2	14	12	20	14	136
Vancouver West											
[illegible]	W. E. Newcombe		45	45	...	...	8	1	5	5	7
[illegible]			115	115	..	2	2	1	3	3	17

RURAL AND

[illegible]	I. A. Sc[illegible]		150	119	. .		14	2	2	2	9
[illegible]	C. C. Isard			17			..		..	1	3
Alert Bay	[illegible] Pelton		16	12	1	...	..	.	...	...	....
Annandale	I. H. Wright.....		6	6	. .	...	..	...	..	...	...
Alice Arm	I. Lyle		18	17	. .	...	5	1	..	...	2
Allied Spring	C. E. Henderson		11	11	1	...	3	...	...	1	....
Alice Creek	H. M. [illegible]		8	8	..		1		1	1	2
Armstrong Mountain	W. H. W[illegible]		12	10	...	...	3	1	...	.	....
Armstrong	[illegible] Nay		...	7	...	...	...	...	...	...	1
Aspen Grove	A. V. James		14	14	. .	...		..	4	4	4
Arrow Park, East	L. H. S. M. Lean		21	21	. .	.			3	3	7
Arrow Park, West			9	9	...	...	....	...	...	....	6
Ashcroft	L. A. Hig[illegible]		63	52	. .	.	8	..	2	14	28
Ashton Creek	H. V. Irving		11	5	...	...	...	...	...	...	1
Aspen Grove	J. J. [illegible]		14	14	4	2	6	7	8	6	8

SCHOOLS—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
12	.	4							Good	Clean.
4	....	2							"	"
14	1	6					1		"	"
7	....	7							"	"
12	....	6							"	Yes.
7	3	....								"
9	2	1								"
6	2	....								
....	....	....				3	....			
74	37	26	Cardiac, 2; anæmia, 4; acne, 4	....	....	2	....	Influenza, 84; whooping-cough, 14	Good	Good.
21	....	....	Bad fractured rib, 1	....	....	....	....	Influenza	"	Clean and adequate.
15	1	4		....	....	....	....	"	"	Clean and adequate.
104	6	31	Cardiac, 1; kyphosis, 1	....	....	....	....	Influenza; chicken-pox; mumps	Crowded	Clean and adequate.
30	1	....	Acne, 2; cardiac, 1; bronchitis, 1	....	....	....	....	Influenza	Good	Clean and adequate.
8	....	4		....	....	....	....	"	Ventilation and heating poor	Fair.
223	5	4	Cardiac, 2	2	....	....	....	Mumps, 4; chicken-pox, 12	O.K	O.K.
461	13	5	Cardiac, 6; nervous, 1	4	....	....	....	Chicken-pox, 10; measles, 4; mumps, 1	Lighting fair	"
46	1	....	Pulmonary, 1; cardiac, 1	....	....	....	....		O.K	"
225	6	3	Nervous, 1; pulmonary, 2; cardiac, 3	5	....	....	....	Measles, 5; mumps, 7; chicken-pox, 1; scarlet-fever, 1; whooping-cough, 4	Lighting fair	"
338	25	8	Pulmonary, 2; cardiac, 6	6	3	....	....	Measles, 8; mumps, 6; chicken-pox, 15; scarlet-fever, 2	"	"
498	27	14	Nervous, 2; pulmonary, 3; cardiac, 5	7	1	....	....	Diphtheria, 1; chicken-pox, 10; measles, 11; mumps, 6; whooping-cough, 1	O.K	"
254	7	3	Nervous, 1; pulmonary, 2; cardiac, 3	3	....	....	....	Diphtheria, 1; chicken-pox, 6; measles, 7	"	"
100	4	2	Cardiac, 1	....	....	....	....	Whooping-cough, 8	"	"
564	12	8	Nervous, 1; pulmonary, 3; cardiac, 5	5	2	5	....	Chicken-pox, 6; measles, 5; mumps, 3	Lighting fair	"
110	5	2	Cardiac, 2	....	....	....	....		O.K	"
493	26	15	Nervous, 2; pulmonary, 1; cardiac, 3	6	....	....	....	Measles, 1; chicken-pox, 10	Lighting fair	"
189	10	6	Cardiac, 3	....	....	....	....	Chicken-pox, 4	"	"
431	12	2	Nervous, 3; pulmonary, 4; cardiac, 4	7	2	....	....	Mumps, 11; chicken-pox, 2	"	"
7	4	3		....	....	....	....	Influenza	Good	Clean and adequate.
11	5	4		....	....	....	....	"	"	Clean and adequate.

ASSISTED SCHOOLS.

43	2	2		....	....	....	....		Div. 4; poor ventilation	Yes.
4	....	2		....	....	....	....		Good	Good.
....	....	....		....	....	....	....	Influenza	"	"
1	..	....		....	....	....	....		Excellent; well ventilated	Clean.
11	5	3	Chest deformities, 2	....	....	....	....		Good	Fair; another required.
2	....	1		....	....	....	....		"	Clean and adequate.
5	....	....		....	....	....	....		"	Yes.
2	....	3		....	....	....	....		Satisfactory	Satisfactory.
2	....	..	Cleft palate, 1	....	....	....	....		No.	Yes.
6	....	2		....	....	....	....		"	"
11	1	8	Hip-disease, 1; deformed hands, and feet, 1	....	....	....	....	Influenza	Very good	Fair.
2	....	....		....	....	....	....	"	"	"
25	11	3		....	....	....	....		Fair	Clean and adequate.
1	....	1		....	....	....	....	Measles	Poor	Yes.
8	5	6		....	....	....	....		Not good	None.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Aylmer	P. W. Turnor		25	18	....	....	..	....	....	....	4
Baldonel	G. C. Read		....	21	....	....	2	....	....	3	5
Balmoral	Walter Scatchard		21	15	....	....	....	....	....	....	2
Barkerville	M. Calkaran		15	15	....	....	1	....	....	....	3
Barnston Island	G. Morse		18	18	....	....	2	....	....	....	3
Barriere River	H. H. Murphy		17	11	....	....	1	....	....	....	....
Barnes Lake	T. F. Saunders		34	16	....	....	1	....	3	3	3
Barrier Creek	C. T. Hilton		19	17	1	1	2	....	1	1	6
Barrier Head	E. M. Sutherland		22	16	2	....	....	....	2	2	3
Begbie	J. H. Hamilton		14	13	....	....	....	....	....	....	....
Bella Bella	A. V. Jones		15	15	....	....	1	....	....	4	4
Beresford	R. W. Irving		29	24	....	....	1	....	..	3	3
Beresford	W. Truax		8	7	....	....	1	....	....	....	....
Big Eddy	J. H. Hamilton		25	23	....	....	1	....	....	....	1
Blind Bay	Walter Scatchard		12	9	....	....	1	....	....	....	....
Bonilla Bay	C. F. Downman		22	22	3	....	....	....	....	....	3
Bonnington Creek	John Nay		6	6	....	....	1	....	....	....	2
Bonaparte Valley	R. A. Hopkins		9	7	....	....	2	1	....	....	5
Boston Bar	H. R. Fort		14	13	....	3	1	2	4	2	3
Boswell	G. B. Henderson		10	10	....	1	....	....	2	2	....
Bowen Island	F. Inglis		8	8	4	2	3	....	....	2	1
Brandt	J. H. Hamilton		15	14	....	1	....	1	1	....	4
Brasser	L. T. Davis		6	6	....	....	....	....	....	....	....
Bren Lake	E. H. S. McLean		21	21	....	....	1	1	2	2	5
Briercrest	W. R. Stone		16	16	....	....	....	....	1	1	1
Brechin	T. J. McPhee		69	60	....	....	3	2	3	3	14
Brilliant	A. V. Jones		60	60	....	....	5	....	6	6	6
Brisco	P. W. Turnor		13	13	....	....	....	....	....	....	4
Britannia Beach	G. W. Roberts		68	68	....	....	2	....	5	5	7
Britannia Townsite	"		28	28	....	....	3	1	3	3	4
Bull River Bridge	Green & MacKinnon		25	23	....	2	1	....	2	1	2
Burgoyne Bay	E. M. Sutherland		33	32	1	....	....	1	....	....	5
Burtondale	E. H. S. McLean		13	13	....	....	....	....	....	....	2
Cache Creek	R. A. Hopkins		13	9	1	....	....	....	1	1	3
Cahilty	M. G. Archibald		7	7	....	....	....	....	....	....	....
Campbell Creek	R. W. Irving		10	10	....	....	....	....	....	....	2
Campbell Range	H. H. Murphy		15	7	....	....	....	....	....	....	1
Campbell River	W. F. Shaw		15	15	1	....	1	....	2	2	3
Canford	J. J. Gillis		24	18	3	3	5	4	7	7	9
Canyon City	G. B. Henderson		30	28	2	....	4	....	....	....	3
Carlin Siding	Edward Buckell		14	10	....	....	....	....	....	....	2
Carson	W. Truax		8	6	....	....	....	....	....	....	1
Cartier	J. H. Hamilton		35	18	....	....	....	....	....	....	....
Cascade	W. Truax		24	21	1	....	1	....	1	1	2
Castledale	R. G. Stevenson		13	13	1	....	2	....	2	2	3
Castlegar	A. V. Jones		27	26	2	..	1	1	6	6	6
Cawston	E. H. Gray		38	32	....	....	....	....	1	1	7
Cedar, East	T. J. McPhee		10	8	....	....	....	....	1	....	1
Cedar, North	"		53	46	....	1	4	....	1	2	11
Cedar, South	"		30	28	1	....	1	....	2	1	4
Chase	Walter Scatchard		97	68	....	....	4	....	4	4	15
Chase River	T. J. McPhee		70	63	1	1	3	2	2	....	12
Chasm Creek	C. T. Hilton		16	15	....	....	3	....	....	....	3
Clake	W. R. Stone		14	14	....	....	1	....	6	6	7
Clay Cliffs	H. H. Murphy		13	8	....	....	....	....	....	....	....
Clayoquot	D. S. Dixson		15	15	....	....	....	1	....	....	2
Clinton	R. A. Hopkins		48	32	1	....	7	....	3	3	11
Coal Creek	W. Workman		....	80	2	2	8	3	2	2	7
Coalmont	W. L. Ritchie		11	11	....	....	1	....	....	3	6
Cobble Hill	W. Dykes		....	23	....	....	3	....	....	1	6

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
5	....	....	.....	....	....	....	....	.....	Good.....	Good.
5	1	4	.....	....	....	....	....	.....	"	"
5	....	12	.....	....	....	....	....	Influenza.....	Satisfactory	No lids.
3	....	1	.....	....	....	....	....	.....	Good.....	Clean and adequate.
12	1	....	Seborrhœa, 3	....	....	1	....	.....	"	Clean.
2	....	....	.....	....	....	....	....	Influenza.....	Satisfactory	Very unsatisfactory.
7	....	....	.....	....	....	....	....	.....	Excellent.....	Yes.
4	....	1	.....	....	....	....	....	.....	Good.....	"
2	1	....	Weak cardiac action, 1.....	....	....	....	....	.....	No water.....	No.
3	....	6	.....	....	....	....	....	.....	Fair.....	One defective.
3	....	4	.....	....	....	....	....	.....	Very good	Good.
2	....	....	.....	....	....	....	....	Influenza.....	Clean and healthful	Yes.
2	....	....	.....	....	....	....	....	"	Poor	Poor.
7	....	2	.....	....	....	....	....	.....	Good.	Good.
5	...	4	.....	....	....	....	....	Influenza.	Satisfactory	No lids.
11	....	....	.....	....	....	....	....	.....	Good.....	Yes.
2	....	....	.....	....	....	....	....	.....	No	"
5	7	1	.....	....	....	....	....	Influenza.....	Fair.....	Clean and adequate.
6	5	4	Orthopædic, 3; cardiac, 1.....	1	1	....	....	"	Sufficient	Clean and adequate.
2	...	2	.....	....	....	....	....	.....	Good.....	Clean and adequate.
4	....	....	.....	....	....	....	....	Influenza.....	Frame	Clean and adequate.
10	....	....	.....	....	....	....	....	.....	Good.....	Good.
2	....	....	.....	....	....	....	....	.....	Good.....	Adequate.
10	5	3	Difficulty of speech, 1.....	....	....	....	1	Influenza; ringworm....	Very good.....	Fair.
5	....	....	.....	....	....	....	....	.....	Smallroom;crowded	Not adequate.
21	1	....	Cardiac, 1.....	....	....	....	....	Influenza, 29	Good.	Good.
8	...	7	.....	....	....	....	....	.....	Poor	Fair.
2	....	....	.....	....	....	....	....	.....	"	Poor.
7	2	2	.....	....	....	....	....	Influenza, 12...	Satisfactory	Clean and adequate.
6	....	....	.....	1	....	....	7	" 10.....	"	Clean and adequate.
4	....	....	.....	....	....	....	....	.....	Good.....	Yes.
6	1	2	Asthma, 1; harsh breathing, 2	....	....	....	....	Rheumatic fever, 1.....	Floor bad.	"
7	....	2	.....	....	....	....	....	Influenza; scarlet fever..	Very good.....	Fair.
2	1	1	.....	....	....	....	....	Influenza.....	Poorly heated.....	Clean and adequate.
4	....	....	.....	2	1	....	....	.....	Good.....	Poor and inadequate.
1	....	1	.....	....	....	....	....	.....	"	Clean.
1	....	....	.....	....	....	....	....	Influenza.....	Lighting defective	Unsatisfactory.
5	...	....	Cardiac-valve disease, 1.....	....	....	....	....	" 2	Good.....	Clean and adequate.
12	5	8	.....	....	....	....	....	Mumps.....	"	Clean.
4	...	7	Stuttering, 1	....	....	....	....	Measles; pertussis; influenza	Good, but crowded	Clean and adequate.
....	3	2	.....	....	....	....	....	.....	Good.....	Broken.
2	1	....	Cleft palate, 1	....	....	....	....	Influenza.....	"	Good.
5	....	....	.....	....	....	....	....	.....	Fair.....	Neglected.
4	1	....	.....	....	....	....	....	Influenza.....	"	Good.
2	1	2	Cardiac; dropsy; bronchitis...	....	....	....	....	.....	Very good	Yes.
19	6	6	.....	1	....	....	....	.....	Badly crowded....	Fair.
24	2	....	Cardiac, 1	....	....	....	....	Influenza.....	Walls too low....	Clean, but not adequate.
4	...	...	.....	....	....	....	....	" 3.....	Good.....	Good.
12	2	5	.....	....	....	....	....	" 17.....	Crowded	Fair.
13	2	....	Cardiac, 1.....	....	....	....	....	" 9.....	Good.....	Good.
43	....	44	.....	....	....	....	....	"	Satisfactory.....	Excellent.
24	3	2	Nephritis, 1.....	1	....	2	....	" 25.....	Good.....	Good.
5	....	....	.....	....	....	....	....	.....	"	Yes.
6	....	....	.....	....	....	....	....	Influenza.....	Poorly heated	Clean and adequate.
....	....	....	Stammering, 1.....	....	....	....	....	"	Satisfactory	Yes.
1	....	....	Ecthyma, 1.....	....	....	....	....	"	Good.....	Clean and adequate.
21	6	....	.....	....	....	....	....	"	"	Clean and adequate.
11	3	9	Nervous, 3; cardiac, 3; hernia, 1; bronchitis, 8; periostitis, 1; epilepsy, 1	....	1	....	....	Scarlet fever, 2; measles, 31; influenza, 39; appendicitis, 1; rheumatism, 1	"	Yes.
3	....	1	Cardiac, 1.....	....	....	....	....	.....	Excellent	"
6	1	2	Irregular heart, 1.....	....	....	....	....	.....	Good.....	Good.

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Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
[illegible]	Douglas Corson		22	22	....	....	1	....	....	....	7
[illegible] Gardens	John Nay		....	17	....	....	1	....	....	....	1
[illegible]	J. C. Elliot		6	6	....	....	....	....	....	1	1
[illegible]	Robert Elliot		20	18	....	....	3	3	3	4	4
Cortes Island	W. F. Shaw		14	13	....	....	1	....	1	3	8
[illegible]	W. Dykes		....	32	....	....	4	....	1	1	7
[illegible] Lake	"		....	8	....	....	....	....	....	....	....
[illegible]	J. H. Hamilton		12	12	....	....	....	....	....	....	....
Cranberry Marsh	E. M. Sutherland		13	12	....	....	....	....	....	....	....
Crescent Valley	A. V. Jones		19	19	....	....	3	1	2	2	2
Creston	G. B. Henderson		144	138	3	....	33	3	13	11	9
Curzon	"		10	9	....	....	4	....	1	1	1
Deep Creek	H. M. Keith		16	9	....	....	....	....	....	....	5
Deer Park	J. E. H. Kelso		12	9	....	....	....	....	....	....	....
Demaris, West	E. H. L. McLean		10	10	....	....	....	....	1	1	2
Depot Bay	T. J. McPhee		21	21	....	....	....	....	2	2	2
Deverney	A. J. Stuart		27	25	3	....	....	....	....	2	13
Diamond Crossing	Montgomery & Watson		40	36	....	....	2	....	10	8	6
Dome Creek	G. E. Bayfield		26	26	1	....	1	....	....	2	....
Doriston	F. Inglis		11	8	1	....	2	....	....	....	....
Duck Range	H. H. Murphy		13	11	....	....	....	....	2	2	2
Duncan	A. V. Jones		11	11	....	....	1	....	3	3	3
Edgewood	J. E. H. Kelso		16	16	....	....	1	....	....	1	1
Elk Bridge	Douglas Corson		28	19	....	....	1	....	1	1	1
Elko	T. F. Saunders		32	31	....	....	....	....	8	7	9
Elk Prairie	Douglas Corson		8	7	....	....	....	....	1	1	....
Ellison	W. J. Knox		14	14	....	....	1	1	....	2	3
Endako	W. R. Stone		10	10	....	....	....	....	1	1	1
Enderby, North	H. M. Keith		13	13	....	....	1	....	....	....	4
Erickson	G. B. Henderson		26	25	1	....	3	....	....	3	3
Erie	J. Bain Thom		8	8	....	....	1	....	....	....	1
Errington	L. T. Davis		25	20	....	....	....	....	....	....	....
Essington	R. W. Large		16	13	....	....	2	2	....	....	7
Essondale	A. L. Crease		18	18	....	....	1	....	....	....	6
Extension	P. J. Emerson		78	76	....	....	....	3	6	6	26
Fairview	H. McGregor		....	7	....	....	1	....	1	1	2
Fanconer	J. E. H. Kelso		14	13	....	....	4	1	....	....	1
Field	R. G. Stevenson		30	28	1	....	....	....	5	5	5
Fife	W. Truax		21	20	....	....	1	....	2	1	2
Fife Valley	J. E. H. Kelso		16	7	....	....	1	....	....	....	....
Fish Lake	R. W. Irving		28	25	....	....	....	....	....	1	1
Flagstone	T. F. Saunders		21	20	....	....	3	....	6	4	6
Fort Fraser	W. R. Stone		17	16	....	....	3	....	5	5	5
Fort George	C. Ewert		56	55	8	....	3	2	4	1	12
Fort George, South			42	40	....	....	3	1	2	2	12
Fort Steele	Green & MacKinnon		30	28	....	1	2	....	3	2	2
French Creek	L. T. Davis		16	15	....	....	....	....	....	....	....
Fruitlands	R. W. Irving		58	52	....	....	1	....	....	....	2
Fruitvale	J. Bain Thom		50	49	1	1	5	....	....	2	5
Gabano	E. M. Sutherland		15	15	....	....	....	....	2	2	4
Gabano, North	"		13	10	....	....	....	....	....	....	4
Gagnes	"		36	33	....	....	....	....	2	2	2
Gallis Bay	C. F. Downman		16	15	2	....	....	....	....	....	4
Gilpin	W. Truax		9	9	....	....	....	....	1	....	....
Gill	C. T. Hilton		23	19	....	1	5	1	....	1	6
Glade	A. V. Jones		29	29	....	....	3	....	5	5	5
Glenisank	E. H. S. McLean		42	42	....	....	....	....	6	6	17
Glenrosma	P. D. van Kleeck		7	7	1	....	2	....	....	2	2
Glenroy	W. Dykes		....	14	....	....	....	....	....	....	2
Golden	R. G. Stevenson		127	108	2	....	8	2	3	8	16
Granby Bay	L. Broe		141	131	2	1	36	....	1	....	38
Grande Prairie	R. W. Irving		18	12	....	....	....	....	....	....	....
Grandview Bench	H. M. Keith		10	6	....	....	3	....	....	....	5

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
11	....	1	.....	....	....	....	....	Influenza.....	Good.....	Clean and adequate.
4	....	2	.....	....	....	....	....	.....	No.....	Yes.
2	....	....	.....	....	....	....	....	Influenza, 2.....	Fair.....	Fair.
5	....	3	.....	....	....	....	....	.....	First class.....	First class.
5	....	....	Pulmonary tuberculosis, 1; cold, 4	....	....	....	....	Influenza.....	Crowded; poorly ventilated	Clean and adequate.
10	....	5	Orthopædic, 1.....	....	....	....	....	.....	Good.....	Good.
1	....	1	.....	....	....	....	....	.....	"	"
....	....	....	.....	....	....	....	....	.....	"	Yes.
9	6	1	Irregular heart, 1; harsh breathing, 1	....	....	....	....	.....	"	Fair.
6	....	9	.....	....	....	....	....	.....	"	Good.
10	....	7	.....	....	2	....	....	Influenza.....	"	Clean and adequate.
....	....	1	.....	....	....	....	....	.....	"	Clean and adequate.
4	....	1	.....	....	....	....	....	.....	Fair.....	Yes.
....	....	1	Mitral incompetence, 1.....	....	....	....	....	.....	Good.....	"
3	....	....	.....	....	....	....	....	Influenza.....	Very good.....	Fair.
6	....	....	Cardiac, 1.....	....	....	....	....	Influenza, 1.....	Good.....	"
8	2	5	.....	....	....	....	....	" 6.....	Satisfactory	Closets not clean.
20	....	1	Torticollis, 1.....	....	....	....	....	Influenza.....	Good.....	Yes.
12	....	....	Hair-lip and cleft palate, 1; chorea, 1	....	....	....	....	.....	"	"
2	2	....	.....	....	....	....	....	Influenza.....	"	Fair.
....	....	....	.....	....	....	....	....	"	Satisfactory	Yes.
4	....	2	.....	....	....	....	....	.....	Fair.....	Good.
....	....	1	Curvature of spine, 1	....	....	....	....	.....	Good.....	Yes.
10	....	3	Orthopædic, 2.....	....	....	....	....	Influenza.....	"	Clean and adequate.
21	2	3	Nervous, 1.....	....	....	....	....	.....	"	Clean.
3	....	3	.....	....	....	....	....	Influenza.....	"	Clean and adequate.
2	....	....	.....	....	....	....	....	.....	"	Clean and adequate.
3	....	1	.....	....	....	....	....	.....	O.K.	Adequate.
6	....	....	Valvular heart, 1.....	....	....	....	....	.....	Good.....	Yes.
4	....	....	Defective speech, 1	....	....	....	....	Influenza.....	Poorly heated.....	Adequate but unclean.
2	....	1	Cardiac, 1	....	....	....	....	"	No.....	Yes.
....	....	....	.....	....	....	....	....	.....	Good.....	Adequate.
11	6	....	.....	....	....	....	....	.....	Satisfactory	Clean and adequate.
1	3	2	.....	....	....	....	....	Diphtheria	Good.....	Clean.
185	....	2	Chorea, 5.....	....	....	....	1	Influenza, 20.....	"	Fair.
4	1	2	.....	....	....	....	....	.....	Fair	Yes.
....	....	2	.....	....	....	1	....	.....	Good.....	"
2	....	3	.....	....	....	....	....	.....	Very good.....	"
3	....	....	.....	....	....	....	....	Influenza.....	Fair.....	Poor.
....	....	....	Chorea, 1.....	....	....	....	....	.....	Good.....	Bad.
1	....	....	.....	....	....	....	....	.....	Healthful.....	Yes.
8	....	....	.....	....	....	....	....	.....	Poorly ventilated and crowded	"
10	....	1	.....	....	....	....	....	Influenza.....	Poor	Adequate.
16	9	3	Fracture astragalus, 1; acne, 1; blepharitis, 2; anæmia, 3; atrophy muscles of shoulder, 1	....	....	....	....	"	Good.....	Clean and adequate.
15	6	1	Blepharitis, 1; arythmia, 1.....	....	....	....	....	"	"	Unsatisfactory.
5	....	....	.....	....	....	5	....	.....	"	Yes.
....	....	1	.....	....	....	....	....	.....	"	Adequate.
2	....	2	Cardiac, 1	....	....	....	....	Influenza.....	Clean and healthful	Yes.
12	....	5	" 2.....	....	....	....	....	"	No.....	"
....	2	1	.....	....	....	....	....	.....	Fair	No.
....	....	....	Valvular heart, 1; tuberculosis, 1	....	....	....	....	.....	"	"
10	8	3	Osteomyelitis, 1.....	....	....	....	....	.....	New	Good.
12	....	....	.....	....	....	....	....	.....	Fair.....	Needs repairing.
2	....	....	.....	....	....	....	....	Influenza.....	Small.	Poor.
4	....	....	Epilepsy, 1	....	....	....	....	.....	Lighting poor....	Yes.
....	....	4	.....	....	....	....	....	.....	Good.....	Fair.
26	3	7	.....	....	....	....	....	Influenza; conjunctivitis	Very good.....	"
2	....	3	.....	....	....	....	....	.....	Good.....	Clean.
....	....	1	.....	....	....	....	....	.....	"	Good.
22	....	10	.....	....	....	....	....	.....	Very good.....	Yes.
86	20	43	Cardiac, 6; scoliosis, 3; tuberculosis, 1; nervous, 1; deformed chest, 2; nervous tic, 1; tachycardia, 2	....	....	....	....	.....	Good.....	Poor.
1	....	....	.....	....	....	....	....	.....	Healthful	Clean.
3	....	2	.....	....	....	....	....	.....	Good.....	Yes.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Comox Bay	C. McCallum		17	13	1	....	2	....	....	2	6
Comox Mine	T. J. McPhee		21	17	....	....	1	....	....	....	2
Comox	H. M. Keith		16	12	....	....	....	....	....	....	3
Happy Valley	Richard Felton		20	17	....	....	1	....	....	....	....
Harewood	T. J. McPhee		280	261	2	1	5	4	27	16	28
Harjons Camp	I. H. Wright		....	12	....	....	....	....	....	....	....
Harrogate	R. G. Stevenson		16	13	1	....	1	....	5	5	5
Harrop	A. V. Jones		18	16	....	....	1	....	....	....	3
Hat Creek	B. A. Hopkins		8	8	....	....	1	....	....	1	4
Hatzic Prairie	A. J. Stuart		5	4	....	....	....	....	....	....	2
Hedley	E. H. Gray		56	48	....	....	....	....	....	....	10
Hedley Creek	R. W. Irving		13	13	....	....	....	....	....	....	....
Heron Bay	W. F. Shaw		14	13	....	1	....	....	1	1	5
Hixon	G. Williams		10	9	....	....	....	....	....	....	....
Hope	J. C. Elliot		56	52	....	1	1	7	1	4	12
Hope Station	"		9	7	....	....	....	....	1	1	3
Horse Creek	R. G. Stevenson		12	10	6	....	1	....	2	2	2
Hosmer	Douglas Corson		28	14	....	....	2	....	....	....	2
Howe Sound	F. Inglis		60	54	17	3	15	1	1	14	6
Howe	A. V. Jones		170	170	1	....	5	1	20	20	20
Hupel	H. M. Keith		7	3	....	....	....	....	....	....	....
Hyconner	G. E. Henderson		17	16	3	....	2	....	....	....	....
Hutton	G. E. Bayfield		31	31	....	....	1	....	....	3	3
Ingersoll	P. W. Turnor		10	9	....	....	....	....	....	....	3
Inverness Point	E. M. Sutherland		16	15	....	....	....	....	....	....	3
Jaffray	T. F. Saunders		55	37	....	....	1	....	7	6	7
Jessica River	W. D. Calvert		14	11	....	....	....	....	....	....	....
Kelton	H. McGregor		5	5	....	....	....	....	....	1	2
Kelvington	G. Williams		13	13	....	....	....	....	1	1	3
Kelvington North	W. J. Knox		16	14	....	....	1	....	....	1	3
Kemano	E. H. Gray		60	57	3	....	1	....	....	....	20
Kettle River, North	W. Train		10	9	....	....	....	....	....	....	....
Kilbourn	C. T. Hilton		6	6	....	....	....	....	1	1	4
Killarney	W. L. Ritchie		14	12	....	....	....	....	....	4	5
Kimberley	Green & MacKinnon		57	44	....	....	....	....	....	....	3
Kingsgate	G. E. Henderson		5	4	....	....	....	....	....	1	....
Kinnaird	John Nay		....	11	....	....	....	....	....	....	2
Kitchener	G. E. Henderson		14	11	....	....	4	....	....	1	....
Kitwanga	R. W. Irving		14	8	2	1	1	....	....	....	1
Knight Siding	A. V. Jones		11	11	....	....	1	....	2	2	2
Koksilah	W. Dykes		18	16	....	....	1	....	....	....	6
Kootenay	A. V. Jones		12	12	....	....	....	....	3	3	3
Lac la Hache	H. H. Murphy		12	10	....	....	....	....	....	....	1
Langford	Richard Felton		20	20	....	....	1	....	....	....	1
Lewis Creek	R. W. Irving		14	13	....	1	....	....	1	2	2
Lillooet	A. C. Nash		41	26	....	....	....	....	....	....	....
Little Fort	H. H. Murphy		18	16	....	....	1	....	....	....	1
Lone Lake	R. W. Irving		15	13	1	....	....	....	....	....	....
Lonsdale	S. Petersky		24	22	....	....	6	....	10	10	11
Lumby	G. Williams		40	40	....	....	....	....	4	8	8
Lytton	H. R. Fort		26	25	3	2	1	2	4	3	2
Mabel Lake	G. Williams		14	14	....	1	....	....	2	2	3
Malahat	W. Dykes		....	12	....	....	....	....	....	....	1
Malakwa	J. H. Hamilton		20	19	....	....	....	....	....	....	7
Mapes	W. E. Stone		9	9	....	....	1	....	1	1	1
Marie	H. M. Keith		45	35	....	1	6	....	....	....	15
Marigold	G. E. Bowman		8	7	1	....	....	....	....	....	1
Marion Prairie	H. H. Murphy		20	18	....	....	1	....	....	....	....
Marysville	Green & MacKinnon		22	14	....	....	....	....	....	....	1
Mayne Island	E. M. Sutherland		24	24	....	....	....	....	....	....	1
Mayo Siding	[illegible] Dean		12	12	....	....	2	....	....	1	2
Meadow Valley	F. W. Andrew		7	7	....	....	1	....	....	....	1
Mechanicsville	Richard Felton		35	18	....	....	1	....	1	....	....
Meldrum	E. W. Large		23	23	....	....	2	2	3	3	10

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
4	....	....	.....	....	....	....	....	.....	Fair; crowded ..	Yes.
5	1	....	Nervous, 1.....	....	....	....	....	Influenza, 4.....	Fair.	Good.
5	....	2	.....	....	....	2	....	.....	Good.....	Yes.
1	....	....	.....	....	....	....	....	Influenza.....	"	Good.
107	11	3	Neurotic, 1; heart, 2.....	1	....	3	...	" 164.....	O.K.....	O.K.
....	....	....	.....	....	....	....	....	.....	Very good.....	Clean.
5	....	2	.....	....	....	....	....	.....	Crowded	Yes.
5	....	7	.....	....	....	....	....	.....	Good.....	One unusable.
....	2	....	.....	....	....	....	....	Influenza.....	Fair	Yes.
4	....	....	.....	....	....	....	....	" 4.....	Old and dilapidated.	Clean.
31	....	1	.....	....	....	....	....	"	Walls too low.....	Clean and adequate.
....	....	2	.....	....	....	....	....	"	Clean and healthful	Yes.
5	....	....	Nervous, 1	....	....	....	....	" 2.....	Good.....	Clean and adequate.
3	1	3	.....	....	....	....	....	.....	"	Good.
23	2	3	Sores, 1.....	....	....	....	....	Influenza, 31.....	Good..	Good.
2	....	2	.....	....	....	....	....	" 3.....	Fair	Poor.
5	....	....	.....	....	....	....	....	.....	Very good.....	Yes.
10	....	4	.....	....	....	....	....	Influenza.....	Good.....	Clean and adequate.
34	14	....	.....	3	....	....	....	"	"	Yes.
49	....	6	St. Vitus's dance, 1; mitral leak, 1	....	....	....	....	.....	"	"
1	....	2	.....	....	....	....	....	.....	"	"
2	....	....	.....	....	....	....	....	.....	"	Clean and adequate.
7	1	1	Anæmia, 1; epileptic, 1	....	....	....	....	.....	"	Clean and adequate.
5	....	3	.....	....	....	....	1	.....	"	Good.
9	3	....	Tachycardia, 2.....	....	....	....	....	Influenza.....	Fair.....	No.
28	2	1	.....	....	....	....	....	.....	"	Yes.
2	1	....	.....	....	....	....	....	Influenza, 5; mumps, 3..	Good; bad lighting	"
2	....	....	.....	....	....	....	....	.....	Good.....	"
2	....	2	.....	....	....	....	....	.....	"	Good.
2	1	....	Stammers, 2; chorea, 1.....	....	....	....	....	.....	"	"
35	....	1	Blepharitis, 1..	....	....	....	....	Influenza.....	O.K.....	Clean and adequate.
2	....	....	.....	....	....	....	....	"	Poor	Fair.
2	....	....	.....	....	....	....	....	.....	Good.....	Yes.
2	....	7	.....	....	....	....	....	.....	"	"
4	....	....	.....	....	....	....	....	.....	"	"
....	....	....	.....	....	....	....	....	.....	Small building....	"
3	....	....	.....	....	....	....	....	.....	No	"
2	....	2	Cleft palate, 1; orthopædic defect, 1	....	....	....	....	Influenza.....	Good.....	Clean and adequate.
....	....	....	.....	....	....	....	....	"	Clean and healthful	Yes.
3	....	4	.....	....	....	....	....	.....	Good.	Good.
5	....	1	Cardiac, 1	....	....	....	....	.....	"	"
2	....	2	.....	....	....	....	....	.....	Fair	"
1	....	....	Tongue-tied, 1; pterygium, 1..	....	....	....	....	.....	Satisfactory.	Not satisfactory.
....	....	....	Asthma, 1.....	....	....	....	....	Influenza.....	Good.....	Good.
....	....	....	.....	....	....	....	....	.....	Healthful. ...	Clean.
17	2	....	.....	....	....	....	....	Influenza.....	Seating very bad	Good.
6	....	1	Eczema, 1	....	....	....	....	"	Heating and lighting defective	Yes.
2	....	....	.....	....	....	....	....	"	Clean and healthful	"
21	22	17	Badly set fracture, 1; unclean, 10; blepharitis, 2; pigeon-breasted, 2; chronic pharyngitis, 5; rhinitis, 1	....	....	....	....	Influenza, 5; chicken-pox, 1; measles, 1	Good.....	One unclean.
4	1	2	.....	....	....	....	....	.....	Good.....	Good.
15	17	13	Pulmonary, 1.....	....	....	....	....	Influenza; whooping-cough	"	Clean and adequate.
2	....	1	.....	....	....	....	....	.....	"	Good.
4	2	....	.....	....	....	....	....	.....	"	"
3	....	2	.....	....	....	....	....	.....	"	"
1	....	....	.....	....	....	....	....	.....	O.K.....	Clean and adequate.
18	....	8	.....	....	....	....	....	.....	Good.....	Yes.
1	....	....	.....	....	....	....	....	.....	"	"
3	....	1	Eczema, 1	....	....	....	....	Influenza.....	Satisfactory.....	"
1	....	....	.....	....	....	....	....	.....	Good.....	"
6	1	1	Mitral disease, 1	....	....	....	....	Influenza.....	Fair	Fair.
3	....	1	.....	....	....	....	....	"	No	Yes.
3	3	....	Chorea, 1.....	....	....	....	1	" 4.....	Satisfactory. ...	Satisfactory.
....	....	....	.....	....	....	....	....	"	Good.....	Good.
18	11	2	.....	....	....	....	....	.....	Fairly satisfactory	Fairly well kept

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Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Mabel L.	Douglas Corson		94	80	....	....	....	1	4	3	20
Mabel View	"		149	133	....	2	8	2	3	5	30
Mill Creek	C. G. G. Maclean		42	36	2	2	3	1	1	1	17
Millside	W. L. Ritchie		18	16	....	....	1	....	....	5	8
Minto	G. K. MacNaughton		56	50	2	5	3	6	14	....	15
Mission Creek	W. J. Knox		31	31	....	....	1	....	....	1	2
Moose Creek	H. H. Murphy		10	9	....	....	1	....	....	1	2
Montrose	L. T. Davis		11	10	....	....	....	....	....	....	....
Morrissey Mines	Douglas Corson		16	14	....	....	....	....	3	3	1
Mount Ingersoll	E. H. S. McLean		19	19	....	....	....	....	2	2	6
Moyie	Green & MacKinnon		38	32	1	....	1	....	....	....	8
Mundy	I. H. Wright		6	6	....	....	1	....	....	....	....
Mutrie	T. E. Saunders		10	7	....	....	....	....	3	2	3
Nakusp	E. H. S. McLean		62	62	....	....	1	....	6	6	22
Naramata Bay	T. J. McPhee		70	59	1	....	2	3	3	3	10
Natress	L. T. Davis		20	20	....	....	....	....	....	....	....
Naramata	F. W. Andrew		32	28	4	....	1	....	4	4	7
Nechako	W. R. Stone		10	10	....	....	2	....	3	3	1
Needles	J. E. H. Kelso		14	14	....	1	....	....	....	1	....
New Denver	W. E. Gomm		94	93	....	....	5	....	....	1	28
Nickel Plate	E. H. Gray		5	5	....	....	....	....	....	....	....
Nicola	J. J. Gillis		20	18	2	4	6	3	7	4	7
Nicola, Lower	"		22	15	3	....	2	1	8	6	10
Nicomen	A. J. Stuart		20	18	2	....	....	....	....	....	9
Nicomen, North	"		16	13	2	....	....	....	3	2	5
Nineteen Creek	J. Bain Thom		7	7	....	....	1	....	....	....	2
North Bend	H. R. Fort		33	32	3	1	3	5	5	4	2
Northfield	T. J. McPhee		44	33	2	....	2	1	1	....	12
North Thompson, West	R. W. Irving		10	10	1	1	1	....	....	....	1
North Hill	Walter Scatchard		45	41	....	....	2	....	1	1	12
No. 7 Mine	G. K. MacNaughton		....	58	3	1	8	1	14	3	22
Ocean Falls	John Christie		79	74	....	....	7	1	3	3	5
Okanagan	W. J. Knox		22	19	....	....	2	....	....	....	1
Okanagan Centre	"		17	15	....	....	....	....	....	1	....
Okanagan Falls	H. McGregor		14	14	....	2	....	....	3	3	5
Okanagan Landing	G. Williams		36	36	....	....	....	....	3	4	11
Okanagan, South	W. J. Knox		26	26	1	....	1	....	....	1	1
Olalla	E. H. Gray		11	8	4	3	....	....	1	....	5
Olsen Lake	A. Henderson		10	8	....	....	1	....	....	2	4
Osoyoos	H. McGregor		....	7	....	....	1	....	1	1	2
Otter Road	W. D. Calvert		9	9	1	....	....	....	....	....	2
Outlook	W. Truax		15	12	....	....	....	....	1	1	....
Oyama	G. Williams		47	45	....	....	....	....	3	4	6
Oyster	Montgomery & Watson		20	10	....	....	....	....	3	2	3
Oyster, North	"		34	25	....	....	....	....	....	....	5
Pachena	A. C. Nash		15	9	....	....	....	1	....	....	....
Parr Siding	J. Bain Thom		6	6	....	....	1	....	....	....	1
Parksville	L. T. Davis		40	39	....	....	....	....	....	....	....
Patsud	R. G. Stevenson		10	4	2	....	....	....	3	3	3
Pass Creek	A. V. Jones		15	15	2	1	3	1	3	3	3
Pemberton Range	R. W. Irving		16	7	....	....	1	....	....	....	....
Pender Island	E. M. Sutherland		23	21	....	....	2	....	....	....	4
Perry Siding	A. V. Jones		19	19	....	....	3	....	....	....	....
Peterson	J. C. Elliot		9	9	....	....	....	3	1	1	2
Port Alice	O. O. Lyons		30	27	....	....	1	1	4	4	10
Powell River	A. Henderson		152	147	4	3	1	3	6	20	73
Prince's Creek	G. C. Read		....	9	....	....	....	....	....	1	2
Princeton	W. L. Ritchie		132	120	....	2	3	1	....	15	28
Procter	G. C. Read		...	39	....	....	3	....	....	4	9
Qualicum Beach	L. T. Davis		48	42	....	....	2	....	....	....	....
Qualicum, Little	"		16	10	....	....	....	....	....	....	2
Quatsino	O. O. Lyons		22	19	....	....	1	....	2	2	8
Quesnel	G. K. Baker		....	30	....	....	2	....	1	....	1

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
36	....	16	Cardiac, 4	....	....	....	....	Influenza	Very poor	Clean but crowded.
82	....	41	Cardiac, 4; orthopædic, 1	....	....	....	....	Influenza; scarlatina	Poor	Disgraceful.
14	11	....	Nervous, 3; cardiac, 2	....	....	..	....	Influenza, 8; chicken-pox, 5	Good	Good.
3	....	2	Cardiac, 1	....	....	....	....	....	Excellent	Yes.
40	31	5	Cardiac, 1; catarrh, 2; blepharitis, 5	....	....	....	....	Chicken-pox	Good	Good.
3	2	...	Impetigo, 1	....	....	1	...	" 2	"	"
4	....	1		....	....	....	....	Influenza	Clean and healthful.	Yes.
....	..	....		....	....	....	....	....	Good	Adequate.
10	....	1		....	....	....	....	Influenza; scarlatina	Very bad	Clean and adequate.
9	....	9		....	....	....	....	Influenza; scarlet fever	Very good	Fair.
11	2	1		....	....	....	....	....	Good	Doors need repairing.
2	....	....		....	....	....	....	....	Good	Clean.
5	....	....		....	....	....	....	....	Crowded	Yes.
47	5	9	Deformed foot, 1	....	....	....	....	Influenza; chicken-pox; conjunctivitis	Very good	Fair.
20	2	1	St. Vitus's dance, 1	1	....	1	....	Influenza, 25	Fair	O.K.
....	....	....		....	....	....	....	....	Good	Adequate.
10	4	1		....	....	....	....	Influenza, 4	"	Good.
7	....	...		....	....	....	....	....	O.K	Clean and adequate.
2	....	2	Mitral and aortic incompetence, 1	....	....	....	....	....	Good	Yes.
....	2	57	Cardiac irregularity, 2; paralysis, 1	....	....	....	....	Influenza	....	....
5	....	1		....	....	....	....	"	O.K	Clean and adequate.
9	7	7	Cardiac, 1	....	....	1	....	Mumps	Good	Clean.
7	4	6		....	....	....	....	"	"	Fairly clean.
9	2	3		....	....	....	....	Influenza, 8	Satisfactory	Clean and adequate.
10	1	....		....	....	....	....	" 6	"	Flooded with water.
3	....	1		....	....	....	....	....	No	Yes.
9	19	10	Orthopædic, 2; pulmonary, 2	....	....	....	....	Influenza; measles	Good	Clean; out of repair
15	5	1		....	....	....	....	Influenza, 19	"	O.K.
1	1	2		....	....	....	....	"	Clean and healthful	Yes.
27	....	23		....	....	....	....	"	Satisfactory	Good.
46	30	4	Cardiac, 1; anæmia, 3; wax in ears, 15; blepharitis, 1; defective speech, 2	....	....	....	....	Influenza; chicken-pox	"	"
5	2	1	Valvular heart-disease, 1	....	....	....	....	Influenza	Crowded; poorly ventilated	Yes.
3	1	....	Anæmia, 2; chorea, 2	....	....	....	....	....	Good	Good.
2	1	....		....	....	....	....	....	"	"
4	1	3	Cardiac, 1; nervous, 1	....	....	....	....	Influenza, 3	"	Yes.
15	2	7		....	....	....	....	....	"	Good.
2	2	....		....	....	....	....	....	"	Clean.
8	2	...		....	....	....	....	Influenza	O.K	Clean and adequate.
....	....	....		....	....	....	....	....	Good	O.K.
4	1	2		....	....	....	....	....	Poorly built	Yes.
....	2	....		....	....	....	....	Influenza, 5	Good	"
3	....	....		....	....	....	....	Influenza	Fair	Fair.
6	1	10		....	....	....	....	....	Good	Good.
4	....	1		....	....	....	....	Influenza	"	Yes.
4	....	....		....	....	....	....	"	"	"
2	1	....		....	....	....	....	"	Normal	"
1	....	....		....	....	....	....	....	No	"
....	....	2		....	....	....	....	Influenza	Good	Adequate.
2	1	2		....	....	....	....	....	Very good	Yes.
5	...	2		1	....	....	....	....	Good	Good.
....	....	....		....	....	....	....	....	Satisfactory	Yes.
2	5	2	Irregular cardiac action, 2	....	....	....	....	....	Fair	No.
10	....	5		....	....	....	....	....	Crowded	Fair.
4	1	1		....	....	....	....	....	Fair	Poor.
17	2	....		....	....	....	....	....	Good	Yes.
48	....	4	Mitral, 2	....	....	....	....	....	"	O.K.
3	1	...		....	....	....	....	....	"	Good.
15	1	18		....	....	....	....	....	Excellent	Yes.
8	1	11		....	....	....	....	....	Good	Good.
10	1	1		....	....	....	....	....	"	Adequate.
1	....	....		....	....	....	....	....	"	"
16	....	....		....	....	....	....	....	"	Yes.
2	....	1		....	....	....	....	Influenza	"	"

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Rossing	G. Williams		6	6	....	....	....	....	....	....	....
Rossland	J. E. H. Kelso		24	14	....	....	1	....	....	2	3
Rossland Convent	E. M. Sutherland		10	8	....	....	....	....	....	....	1
Rossland	G. C. Read		.....	8	1	....	....	....	....	2	2
Roberts Creek	F. Inglis		11	11	1	1	1	1	1	2	3
Roberts Creek, East	F. Inglis		17	16	9	2	5	....	....	4	1
Robin Range	M. G. Archibald		22	16	....	....	1	....	2	1	3
Robson	J. E. H. Kelso		22	21	....	....	....	....	....	2	2
Rock Bay	C. McCallum		12	12	....	....	1	....	....	2	4
Rocky Point	Richard Felton		5	4	....	....	....	....	....	....	....
Roosville	T. F. Saunders		9	7	....	....	....	....	1	1	1
Rosebery	W. E. Gomm		9	9	....	....	2	....	....	....	1
Rose Hill	R. W. Irving		8	8	....	....	1	....	....	....	....
Rose Valley	W. R. Stone		11	10	....	....	....	....	....	....	....
Royston	G. K. MacNaughton		18	16	3	1	2	....	5	....	5
Rutland	W. J. Knox		68	68	1	....	2	....	....	5	6
Saltair	W. Dykes		20	18	....	....	1	....	....	1	3
St. Elmo	J. C. Elliot		18	16	....	..	2	3	1	1	2
Salmo	J. Bain Thom		40	38	1	....	3	....	....	....	5
Salmon River	P. D. van Kleeck		.....	19	....	....	2	....	....	3	12
Savona	M. G. Archibald		18	14	....	....	....	....	4	2	2
Savona Road	"		10	10	....	....	....	....	1	1	2
Seabolt	F. Inglis		13	13	3	....	4	....	....	11	1
Seton Lake Creek	A. C. Nash		19	16	....	....	....	..	1	2	....
Shawnigan Lake	W. Dykes		.....	21	....	....	....	....	....	....	3
Shoal Bay	C. McCallum		11	11	....	....	1	....	....	3	7
Shoreacres	A. V. Jones		15	13	....	....	3	....	4	4	4
Shuswap	Walter Scatchard		11	10	....	....	....	..	1	1	3
Shuswap, North	"		21	16	....	....	1	....	1	....	....
Sidney Beach	G. C. Read		.....	8	2	....	1	....	....	2	2
Simmons	Edward Buckell		24	19	....	1	3	1	2	2	1
Silver Creek	"		26	24	....	2	1	....	....	....	5
Silverton	W. E. Gomm		92	83	..	2	5	...	2	7	24
Similkameen	E. H. Gray		12	9	....	....	....	....	....	....	1
Simpson	R. W. Large		31	25	....	....	3	2	1	....	13
Sinclair	P. W. Turnor		14	13	....	....	....	....	....	....	1
Sirdar	G. E. Henderson		13	11	....	....	....	....	....	....	2
Skookumchuck	F. Inglis		11	7	1	....	1	....	....	3	....
Slocan Junction	A. V. Jones		22	20	....	....	3	....	4	4	4
Soda Creek	I. H. Wright		25	13	....	....	1	....	....	....	....
Solsqua	J. H. Hamilton		12	10	....	....	....	....	....	....	1
Sooke	W. D. Calvert		34	31	....	....	2	....	1	1	2
Sooke Harbour	"		14	14	....	....	....	....	....	....	1
Sorrento	Walter Scatchard		8	7	....	....	2	....	....	....	1
Spences Bridge	J. J. Gillis		18	14	1	2	3	2	5	3	7
Springhouse	I. H. Wright		6	5	....	....	....	....	....	....	....
Squilax Bay	Walter Scatchard		17	14	....	....	....	....	2	2	2
Standard Mine	W. E. Gomm		14	13	....	....	2	....	....	....	2
Stellaco	W. R. Stone		11	11	....	....	....	....	1	1	1
Sullivan Valley	R. W. Irving		4	2	....	....	....	....	....	....	....
Sylvania	W. Dykes		.....	23	....	....	....	....	1	....	12
Sarlega Creek	J. E. H. Kelso		7	7	....	....	1	....	....	....	1
Tappen Siding	Edward Buckell		33	22	....	....	1	1	....	....	8
Tappen Valley	"		13	10	....	1	....	....	....	....	3
Tete Creek	Greene & MacKinnon		8	6	....	....	2	....	....	..	1
Telegraph Creek	Edward Rice		21	19	2	....	....	....	3	2	6
Terrace	A. V. Jones		19	19	....	....	....	....	5	5	5
Trail	R. W. Irving		20	13	....	....	1	....	....	....	1
Trapp Lake	"		20	15	1	....	1	....	....	....	3
Trout Creek, Upper	F. W. Andrew		6	6	....	....	1	1	....	....	....
Tsitsumon	W. L. Ritchie		10	8	....	....	....	....	....	3	5
Turtle Valley	Walter Scatchard		16	13	....	....	....	....	....	....	4
Ucluelet	D. S. Dixon		19	14	....	....	....	....	....	....	3
Ucluelet Arm	"		14	11	....	....	....	....	....	....	3
Ucluelet, East	"		7	6	....	....	....	....	....	....	....
Union Bay	G. K. MacNaughton		75	69	13	1	8	9	19	4	20
Valdes Island	W. F. Straw		20	19	....	....	7	..	1	6	15

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
2	....	....		....	....	....	....	....	Good.	Good.
2	....	4	Slight curvature of spine, 1	....	....	....	....	....	"	Yes.
4	4	....	Pulmonary tuberculosis, 2	....	....	....	....	....	Poor; no steps	No.
2	2	....		....	....	....	....	....	Good	Good.
2	4	....		....	....	....	....	Influenza	"	Clean and adequate.
9	....	....	Chronic nasal catarrh, 2	....	....	....	....	Influenza	Good	Yes.
3	....	....		....	....	....	....	....	Fairly good	Poor.
2	....	4	Mesenteritis, 1	....	....	....	....	....	Good	Yes.
4	1	....		....	....	....	....	....	"	"
....	....	....		....	....	....	....	Influenza	"	Good.
5	....	....		....	....	....	....	....	"	Yes.
....	....	3		....	....	....	....	....	"	Clean and adequate.
....	....	....		....	....	....	....	Influenza	Clean and healthy	Yes.
2	....	....		....	....	....	....	....	O.K	Adequate.
13	9	....	Blepharitis, 2; anæmia, 2; catarrh, 2	....	....	....	....	Influenza	Good	Good.
5	1	1	Anæmia, 5; heart, 1	....	....	....	....	Mumps	"	"
6	....	1		....	....	....	....	....	Poor	Fair.
3	....	1	Anæmia, 2	....	....	....	....	....	"	Poor.
8	....	3	Cardiac, 2	....	....	....	....	Influenza	No	Yes.
13	....	2		....	....	....	....	....	Good	Clean.
13	....	4		....	....	....	....	Chicken-pox, 8	"	Poor repair and inadequate.
5	....	4		....	....	....	....	....	"	One; inadequate.
7	6	....		6	....	....	....	Influenza	"	Inadequate.
11	2	....		....	....	....	....	"	Normal	Good.
2	....	1		....	....	....	....	....	Good	"
3	....	....		....	....	....	....	....	"	Yes.
4	....	2		....	....	....	....	....	"	Good.
8	1	5		....	....	....	....	Influenza	Satisfactory	No lids.
7	....	9		....	....	....	....	"	"	"
2	2	....		....	....	....	....	....	Good	Good.
5	....	2		....	....	....	....	Influenza; varicella	"	Yes.
17	2	6		....	....	....	....	....	Excellent; heater in wrong position	"
....	....	30	Cardiac, 1; chronic bronchitis, 1; orthopædic, 11; nervous, 1	....	....	....	....	Influenza	Good	Clean and adequate.
5	....	....		....	....	....	....	"	Seats not properly graded to size	Clean and adequate.
19	14	....		....	....	....	....	Scarlet fever, 2	Satisfactory	Clean and adequate.
2	....	....		....	....	....	....	....	Good	Satisfactory.
....	....	....		....	....	....	....	....	"	Clean and adequate.
4	2	....		....	....	....	....	Influenza	"	Inadequate.
6	....	3		....	....	....	....	....	Poorly heated	Good.
5	....	....		....	....	....	....	....	Excellent	Clean.
3	....	....		....	....	....	....	....	Good	Good.
6	3	....		....	....	....	....	Influenza, 10	"	Yes.
6	....	....		....	....	....	....	....	"	"
4	....	6		....	....	....	....	Influenza	Satisfactory	Good.
7	4	8		....	....	....	....	Mumps	Good	Clean.
....	....	....	Deformed leg from paralysis, 1	....	....	....	....	....	Very good	"
6	1	10		....	....	....	....	Whooping-cough	Fair	Unfinished.
....	....	3		....	....	....	....	....	Good	Clean and adequate.
4	....	....		....	....	....	....	....	Small room	Adequate.
....	....	....		....	....	....	....	Influenza	Clean and healthful	Yes.
9	3	....		....	....	....	....	....	Good	Good.
1	....	1		....	....	....	....	....	"	Yes.
11	....	7	Pulmonary, 3	....	....	....	....	Measles	"	Dirty and inadequate
2	....	2		....	....	....	....	Pertussis	Ceiling too low	pits too shallow.
5	....	....		....	....	....	....	....	Good	Yes.
8	1	1	Orthopædic defects, 2	....	....	....	....	....	....	Insanitary.
2	....	4		....	....	....	....	....	Crowded	Yes.
....	....	1	Pulmonary tuberculosis, 2	....	....	....	....	....	Healthful	Clean.
....	....	1	Cleft palate, 1	....	....	....	....	Influenza	Clean and healthful	Yes.
3	1	....	Chorea, 1	....	....	....	....	" 4	Satisfactory	Fair.
3	....	....	Cardiac, 1	....	....	....	....	....	Fair	Yes.
8	....	5		....	....	....	....	Influenza	Satisfactory	Good.
5	....	....		....	....	....	....	....	Good	Good.
4	....	2	Weak muscles in back, 1; defective speech, 1	....	....	....	....	....	"	"
....	....	2	Nervous, 1	....	....	....	....	....	"	"
50	18	5	Cardiac, 2; anæmia, 3; blepharitis, 3	....	....	....	....	Influenza	"	Adequate, but very dirty.
10	1	....	Chorea, 1	....	....	....	....	"	"	Should be moved.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Vananda	C. F. Downman		31	30	....	....	....	....	1	....	2
Vanderhoof	W. R. Stone		55	51	....	....	1	....	14	14	12
Vesuvius	E. M. Sutherland		11	11	....	....	....	....	1	1	2
Vesuvius, North	"		17	16	....	....	1	....	....	....	4
Waldo	T. F. Saunders		59	56	....	....	2	....	11	7	11
Walhachin	B. A. Hopkins		10	3	1	....	2	....	....	....	....
Wanklyn	Green & MacKinnon		7	6	....	....	1	....	....	....	3
Wapta	R. G. Stevenson		13	10	4	1	3	....	4	2	2
Wardner	Green & MacKinnon		28	20	....	1	1	....	1	1	3
Wasa	"		13	11	....	....	1	....	....	....	....
Waterloo	T. J. McPhee		25	23	....	....	1	....	1	....	5
Wellington	"		40	36	1	2	2	....	1	1	5
Wellington, East	"		28	26	....	....	1	....	....	1	3
Wellington, South	"		135	118	2	1	6	5	5	7	20
Westbank Townsite	Wm. Buchanan		16	15	....	....	1	....	....	....	2
Whaletown	W. F. Shaw		10	9	....	....	....	....	1	....	2
White Lake	Edward Buckell		17	16	....	....	1	....	....	....	....
William's Lake	I. H. Wright		22	16	....	1	1	1	....	....	1
William's Siding	A. V. Jones		7	7	....	....	1	....	2	2	2
Willow River	C. Ewert		10	9	....	1	....	....	2	2	2
Wilmer	P. W. Turnor		14	12	....	....	....	....	....	1	2
Windermere	"		14	10	....	....	....	....	....	....	2
Winlaw	A. V. Jones		18	14	....	....	....	....	3	3	3
Woods Lake	W. J. Knox		35	33	....	....	1	....	....	3	2
Wycliffe	Green & MacKinnon		43	33	3	2	4	....	....	....	8
Wynndel	G. B. Henderson		28	24	....	....	4	....	....	....	3
Yahk	"		10	9	....	....	5	....	1	1	1
Yale	P. S. McCaffrey		15	11	3	....	3	....	....	....	....
Ymir	J. Bain Thom		26	25	....	1	2	....	....	....	3

ASSISTED SCHOOLS—*Concluded.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
18	....	....	Spiral curvature, 1	....	....	....	....	.....	Fair	Yes.
16	....	2	.....	....	....	....	....	Influenza	Crowded	Dirty.
....	....	....	Irregular heart, 1	....	..	....	2	.....	Fair	No.
9	1	....	.....	....	....	....	....	.....	"	"
34	2	1	Nervous, 1	....	....	....	....	.....	Good	Yes.
2	...	1	.....	....	..	....	....	Influenza	"	"
4	....	....	.....	....	....	....	....	.....	"	"
3	....	2	Imbecile, 1	....	....	....	....	.....	Very good	"
4	....	..	.....	....	....	....	....	.....	Good	"
5	....	....	.....	....	....	....	....	.....	"	"
7	....	....	.....	....	....	....	....	Influenza, 5	Fair	O.K.
13	3	1	Neurotic, 1	....	....	....	....	" 15	Good	Fair.
7	1	....	.....	....	....	....	....	" 7	"	O.K.
31	5	2	Nervous, 1; cardiac, 1	2	....	1	....	" 52	"	"
3	....	14	.....	....	....	....	....	.....	Satisfactory	Clean and adequate.
6	....	....	.....	....	..	....	....	Influenza, 8	Good	Clean and adequate.
3	....	3	Deformed hand, 1	....	....	....	....	.....	"	Yes.
....	....	....	.....	....	....	....	....	Influenza	Excellent	Clean and adequate.
3	...	1	.....	....	....	....	....	.....	Good	Yes.
4	2	2	Round shoulders, 1; Systolic murmur, 1	....	....	....	....	Influenza	"	Clean and adequate.
9	....	....	.....	....	....	....	....	.....	Fair	Fair.
3	....	....	.....	....	....	....	....	.....	Good	Good.
4	....	3	.....	....	....	....	....	.....	Crowded	Yes.
5	2	2	Chorea, 1	....	....	....	....	.....	Good	Clean.
6	2	6	.....	....	....	....	....	.....	"	Yes.
1	...	....	.....	....	..	....	....	.....	"	Clean and adequate.
2	....	....	.....	....	....	....	....	.....	"	Clean and adequate.
3	1	3	Pott's disease, 1	....	....	....	....	Influenza, 5	O.K	O.K.
10	....	2	Cardiac, 4	....	....	....	....	"	No	Yes.

REGISTRAR'S REPORT UNDER THE VITAL STATISTICS ACT.

VICTORIA, B.C., August 25th, 1919.

H. E. Young, Esq., M.D.,
Secretary, Provincial Board of Health, Victoria, B.C.

SIR,—Herewith please find Forty-seventh Report of Vital Statistics for the year beginning July 1st, 1918, and ending June 30th, 1919.

In compiling this report we are confronted with conditions which have not occurred before. During the past year this Province (in fact, the world) has been swept by a scourge in the form of an epidemic which caused a greater loss of life *per capita* among civilians than was suffered by our soldiers at the seat of war.

The greatest of all wars of which we have record having come to an end, the survivors of the patriot band who offered themselves in defence of the rights of man as opposed to militarism and tyranny are returning; their numbers and presence are to a perceptible degree increasing, or, rather, restoring the volume of our population.

Under these conditions it has become more than ever necessary to ascertain, as nearly as possible, numerically, what our population really is in order that the rates per thousand of births, deaths, and marriages may be clearly shown. With that object in view, a census not having been taken for eight years, after conferring with different heads of departments, the conclusion has been arrived at that no better course can be found than that followed heretofore by this branch of the Service—viz., to depend on the enrolment of children in our public schools; consequently, their number will be made the base on which we found our calculation to fix the number of our population. The plan is considered a correct one, yet it calls for discernment in this: Where rail and water transportation meet, allowance must be made for a floating population. The same rule will apply to mining centres, where, generally, the bachelors are anything but fixed members of their respective communities; also, the rule will apply to all portions of the country where public works are under way, and right here occasion is taken to point out that in our lumber camps alone there are fully 3,500 men employed, and at least 2,000 engaged in cutting cordwood, who, generally speaking, belong to no particular place, whilst in the agricultural portions the population is, figuratively, anchored, and in such portions of the Province no allowance is made for persons who may be here to-day and away to-morrow.

With that intention and plan determined on, we, in justice to all places, will recite the number of children enrolled in the public schools in the different school districts of the Province, and to those who are considered entitled to a floating population we will multiply the number of children enrolled by $6\frac{1}{2}$, assuming that one child represents $6\frac{1}{2}$ of the remainder of the population, whilst to agricultural portions, where residence is fixed, we will multiply the number of children by $5\frac{1}{2}$. For example:—

Vancouver City has enrolled $17,773 \times 6\frac{1}{2} =$ population of 115,524.

New Westminster, agricultural districts, comprising all of the division saving New Westminster City, Burnaby, and Chilliwack City, enrolled $3,778 \times 5\frac{1}{2} =$ population of 20,779.

The following places have the number of children enrolled:—

MULTIPLIED BY $6\frac{1}{2}$.

Place.	No. of Children.	Population.
Chilliwack	425	3,142
Cranbrook	563	3,659
Cumberland	456	2,964
Esquimalt	624	4,056
Fernie	911	5,921
Grand Forks	455	2,957
Phoenix	133	864
Golden	13	84
Greenwood	135	877
Kamloops	621	4,036
Kaslo	212	1,378
New Westminster City	2,623	17,049
Ladysmith	438	2,847
Nanaimo	1,198	7,787
Nelson	851	5,531
Oak Bay	587	3,815
Point Grey	1,496	9,724
Prince Rupert	626	4,069
Prince George	212	1,378
Revelstoke	651	4,231
Rossland	557	3,620
Trail	613	3,984
Slocan	67	435
Vancouver City	17,773	115,524
Victoria City	6,081	39,526
North Vancouver District	475	3,087
North Vancouver City	1,246	8,099
South Vancouver	5,698	37,037
West Vancouver	215	1,397
Richmond	479	3,113
Sandon	37	240
Merritt	277	1,800
Totals	46,748	304,231

MULTIPLIED BY $5\frac{1}{2}$.

Place.	No. of Children.	Population.
Chilliwack District	697	3,833
Burnaby	1,760	9,680
Courtenay	140	770
Duncan	250	1,375
Cowichan	170	935
Salmon Arm	364	1,902
New Westminster District	3,778	20,779
Alberni	225	1,237
Vernon	684	3,762
Kelowna	482	2,651
Peachland	112	616
Summerland	288	1,584
Penticton	499	2,744
Armstrong	308	1,694
Enderby	177	973
Spallumcheen	156	858
Coldstream	59	324
Saanich	1,584	8,712
Balance of Province	13,005	71,527
Totals	24,738	135,956

The two classes added show an enrolment of 71,486 and a population of.... 440,187
To which must be added the Indians (aborigines) 24,744

Giving a total population of 464,931

The returns from Indian Agents, although vastly improved over former years, are not yet considered sufficiently accurate to allow of their number being coupled with that of the balance of the population in striking rates, and the result is that each is given separately. However, it will be only a short time before the distinction will cease to exist and rates will be given as from our population as a whole.

Following are the registrations, not including Indians, for:—

	1915.	1916.	1917.	1918 (6 mos.).	1918-19.
Births	10,516	9,841	9,450	4,940	9,010
Deaths	3,832	3,857	3,896	2,046	6,696
Marriages	3,393	3,169	2,861	1,443	2,829
Totals	17,741	16,897	16,207	8,429	18,535

Following are the rates per thousand of population for births, deaths, and marriages for the years 1916, 1917, 1918 (six months), and July, 1918, to June, 1919, inclusive. These figures do not include the Indian population.

Place.	1916. Pop. 385,380.	1917. Pop. 379,804.	1918 (6 Mos.) Pop. 382,698.	1918-19 (July 1 to June 30). Pop. 440,187.
Province—				
Registered births	9,841—25.66	9,433—24.83	4,940—12.91	9,010—20.46
Registered deaths	3,887—10.14	3,896—10.25	2,046— 5.34	6,696—15.21
Registered deaths, less still-born	3,686— 9.60	3,721— 9.79	1,954— 5.10	6,508—14.78
Registered marriages	3,169— 8.27	2,861— 7.53	1,443— 3.77	2,829— 6.42
Vancouver City—				
Registered births	2,686—28.07	2,670—27.81	1,493—13.95	2,724—23.58
Registered deaths	1,240—12.96	1,307—13.61	681— 6.36	2,294—19.85
Registered deaths, less still-born	1,125—11.65	1,223—12.74	641— 5.99	2,217—19.19
Registered marriages	1,152—13.08	1,191—12.40	624— 5.83	1,272—11.01
Victoria City—				
Registered births	1,106—30.29	995—26.97	492—13.25	1,019—25.78
Registered deaths	533—14.59	476—13.03	285— 7.68	652—16.49
Registered deaths, less still-born	508—13.09	456—12.48	272— 7.32	623—15.76
Registered marriages	420—12.59	382—10.46	201— 5.41	405—10.24
South Vancouver—				
Registered births	579—20.60	480—17.07	207— 6.56	430—11.61
Registered deaths	112— 3.98	88— 3.13	52— 1.64	230— 6.21
Registered deaths, less still-born	97— 3.45	76— 2.70	45— 1.43	221— 5.96
Registered marriages	110— 3.91	97— 3.09	52— 1.64	116— 3.13
Remainder of Province—				
Registered births	5,470—24.47	5,288—24.12	2,748—13.27	4,837—19.89
Registered deaths	2,002— 9.16	2,025— 9.23	1,028— 4.96	3,520—14.18
Registered deaths, less still-born	1,956— 8.76	1,966— 8.96	996— 4.81	3,447—13.89
Registered marriages	1,387— 6.21	1,191— 5.43	566— 2.73	1,036— 4.17

The following table has been condensed for the purpose of saving space, and is explained as follows:—

Victoria Division includes Victoria, Cowichan, Esquimalt, Ganges and Islands of the Gulf, Oak Bay, and Saanich.

New Westminster Division includes Burnaby, Coquitlam, Fraser Mills, Ladner, Langley, Maple Ridge, Mission, Matsqui, Port Coquitlam, Port Moody, Pitt Meadows, Sumas, Surrey, Chilliwack, and outside or unorganized territory.

Nanaimo Division includes Nanaimo, Alert Bay, Comox-Cumberland, Ladysmith, and Powell River.

Vancouver Division includes Vancouver City, South Vancouver, Point Grey, North Vancouver City, North Vancouver District, West Vancouver, Richmond, and outside or unorganized territory.

Alberni Group includes Alberni, Atlin, Bella Coola, Clayoquot, Anyox, Fort Fraser, Hazelton, Fort St. John, Hudson Hope, Pouce Coupe, Porter's Landing, Prince Rupert, Quatsino, Queen Charlotte, Stewart, and Telegraph Creek.

Ashcroft Group includes Ashcroft, Barkerville, Fort George, Tete Jaune Cache, McBride, Clinton, Lillooet, Quesnel, 150-Mile House, and Yale.

Fairview Group includes Fairview, Greenwood, Grand Forks, Kamloops, Nicola, Princeton, and Vernon.

Beaton Group includes Beaton, Cranbrook, Fernie, Golden, Kaslo, Nakusp, Nelson, New Denver, Revelstoke, Rossland, Slocan City, Trail, Trout Lake, and Wilmer.

In other places the individual places and divisions are segregated and their returns given in full.

REGISTRATIONS FOR PROVINCE.

Divisions and Groups of Divisions.	BIRTHS.			DEATHS.			MARRIAGES.		
	1917.	1918 (6 Mos.).	July, 1918, to June, 1919.	1917.	1918 (6 Mos.).	July, 1918, to June, 1919.	1917.	1918 (6 Mos.).	July, 1918, to June, 1919.
Victoria	1,398	689	1,324	589	358	838	449	223	463
Nanaimo	575	311	583	218	128	430	112	67	118
Vancouver	3,658	1,964	3,650	1,549	820	2,874	1,394	731	1,492
New Westminster..	1,150	629	1,094	495	257	765	279	135	222
Ashcroft	196	80	168	74	28	143	44	18	43
Fairview	1,057	515	981	364	165	570	218	115	185
Alberni	357	177	359	144	77	348	107	47	114
Beaton	1,059	575	851	463	213	728	258	107	192
Totals	9,450	4,940	9,010	3,896	2,046	6,696	2,861	1,443	2,829

Births.—In the year 1917 there were 9,450 births registered. In 1918-19 (July 1st to June 30th) the number only reached 9,010, a decline of 440, or 4.65 per cent.

The above figures do not include returns of births of Indians received from the different Agents, amounting to 380; they are not included because this is the first year that we have been able to give anything like a full report concerning this portion of our population, and, further, because as they were not included in 1917 it would be unfair to swell this year's number when comparing same with 1917.

Whilst dealing with the registration of births, the opportunity is taken to call attention to the total registration of births during the year 1918-19, 9,010, and registration of births which actually took place during the year, 6,969, which shows a difference of 2,041—that being the number of delayed registrations of births received during the twelve months, or 22.65 per cent. of all registrations of births.

In the same connection the total registrations of births exceed the deaths by 2,014, whilst the registration of births occurring in the immediate past year, 1918-19, show only the small natural increase of 273.

The above particulars are cited simply to show the importance of registration at the proper time in order that one who makes tabulated statements may use reasonably correct figures and not be driven to assuming that the increase or decrease is this or that number.

Deaths.—In 1917, registrations amounted to 3,869. For the year ending June 30th, 1919, 6,696, an increase of 2,827 over 1917, or 73.06 per cent. In this particular line, also, the Indian death reports, amounting to 1,046, are not included.

Marriages.—In 1917 there were 2,861 registrations of marriages, as compared with 2,829 for year July 1st, 1918, to June 30th, 1919, a decline of 1.12 per cent. Indian marriages not included, 150.

The entire registrations: Births, deaths, and marriages for 1917 amounted to 16,180. For 1918-19 (July 1st to June 30th), 18,535, an increase of 2,325, or 14.55 per cent. Indians not included, 1,576.

To recapitulate: Our total registrations, not including Indians, amounted to:—

Births	9,010
Deaths	6,696
Marriages	2,829
Total	18,535

Following is a classified list of deaths occurring in British Columbia for the years 1913 to June 30th, 1919. This table does not include Indians, for which *see* Indian returns.

	1913.	1914.	1915.	1916.	1917.	1918 (6 Mos.).	July, 1918, to June, 1919.
1. General diseases	997	856	895	936	965	523	1,242
2. Diseases of nervous system and organs of special senses	404	358	336	389	386	220	449
3. Diseases of circulatory system	501	403	479	456	540	293	528
4. Diseases of respiratory system	458	345	340	494	439	278	2,944
5. Diseases of digestive system	300	329	260	224	268	109	189
6. Non-venereal diseases of the genito-urinary system and annexa	238	207	163	206	204	102	216
7. The puerperal state	53	65	50	50	59	17	40
8. Diseases of skin and cellular tissue	12	13	7	15	23	8	18
9. Disease of the bones and organs of locomotion	...	...	1	3	3	1	6
10. Malformations	9	42	51	55	51	24	42
11. Diseases of early infancy	765	579	526	438	405	186	447
12. Old age	68	66	70	80	54	37	76
13. Affections produced by external causes	717	642	583	473	455	225	414
14. Ill-defined, including executions	97	72	71	68	50	23	85
Totals	4,619	3,977	3,832	3,887	3,896	2,046	6,696

That one may be better able to make comparisons, the results of the above table have been segregated and each division charged with what it is responsible for in the immediate past year. It should be remembered that No. 1—"General Diseases"—contains returns for "tuberculosis," "cancer," and "influenza." The three items specially noted are responsible for 982 deaths, or 14.66 per cent. of all deaths.

Again, to be specific, in order to show the full force of the epidemic with which we have been visited, if we add "influenza" and "pneumonia following influenza," not including Indians, we have a total of 2,733 out of 6,696, or 40.81 per cent. If from 6,696 we deduct 2,733 we have a remainder of 3,963, or, as nearly as possible, our normal death-roll.

ALLOTMENT OF ALL CAUSES OF DEATH TO EACH MINING DIVISION.

Mining Division.	General Diseases.	Nervous System.	Circulatory System.	Respiratory System.	Digestive System.	Non-venereal, Genito-urinary System.	Puerperal State.	Skin and Cellular Tissue.	Bones and Organs of Locomotion.	Malformations.	Early Infancy.	Still-born.	Old Age.	External Causes.	Ill-defined.	Total.
Ashcroft	2	....	1	7	....	1	....	....	.....	....	1	....	1	....	1	14
Barkerville	1	....	2	....	....	....	....	....	....	....	....	....	....	....	1	4
Fort George	6	2	2	47	1	2	2	....	....	....	....	3	....	1	....	66
Tete Jaune Cache	1	....	....	4	....	....	....	....	....	....	....	....	....	6	....	11
Clinton	....	....	....	9	....	....	1	....	....	....	1	....	....	....	1	12
Lillooet	2	....	2	7	....	....	....	....	....	....	....	....	1	....	1	13
Quesnel	1	....	....	4	....	1	....	....	....	....	....	....	....	....	....	6
150-Mile House	1	....	....	3	....	....	....	....	....	....	2	....	2	1	....	9
Yale	....	1	....	4	....	....	....	....	....	....	1	....	....	1	1	8
Totals	14	3	7	85	1	4	3	....	.....	....	5	3	4	9	5	143
Fairview	12	4	2	22	4	.....	1	....	.....	1	2	....	....	3	....	51
Greenwood	9	1	.	23	....	1	....	....	.....	....	1	....	....	4	3	42
Grand Forks	15	1	2	21	1	2	....	....	.....	....	4	....	2	2	2	52
Kamloops	71	19	12	79	7	8	1	2	.....	....	8	....	2	6	4	219
Nicola	2	....	3	7	1	....	....	....	.....	....	2	....	....	4	....	19
Princeton	5	2	3	26	1	....	....	....	.....	....	1	1	....	3	1	43
Vernon	33	14	15	38	10	8	1	1	.....	4	9	3	....	7	1	144
Totals	147	41	37	216	24	19	3	3	.....	5	27	4	4	29	11	570
Beaton	....	....	....	....	....	....	....	....	.....	....	....	....	....	....	....	....
Cranbrook	11	5	4	84	2	1	1	....	.....	....	6	1	....	8	3	126
Fernie	20	4	8	82	6	1	2	1	.....	....	3	3	1	7	2	140
Golden	4	2	2	6	1	.....	....	....	.....	....	1	....	....	2	2	20
Kaslo	1	1	1	3	1	....	....	....	.....	....	....	....	....	4	....	11
Carried forward	36	12	15	175	10	2	3	1	.....	....	10	4	1	21	7	297

ALLOTMENT OF ALL CAUSES OF DEATH TO EACH MINING DIVISION—*Concluded.*

Mining Division.	General Diseases.	Nervous System.	Circulatory System.	Respiratory System.	Digestive System.	Non-venereal, Genito-urinary System.	Puerperal State.	Skin and Cellular Tissue.	Bones and Organs of Locomotion.	Malformations.	Early Infancy.	Still-born.	Old Age.	External Causes.	Ill-defined.	Total.
Brought forward	36	12	15	175	10	2	3	1	....	...	10	4	1	21	7	297
Nakusp	....	....	1	2	....	....	....	..	.....	....	....	....	....	....	....	3
Nelson	39	3	9	68	1	3	...	...	.....	2	5	3	1	7	....	141
New Denver	1	....	7	21	1	2	1	...	.....	1	....	....	1	4	....	39
Revelstoke	14	2	2	35	2	1	....	....	.....	1	2	1	....	8	1	69
Rossland	6	5	2	50	5	.....	1	....	.....	....	4	....	....	1	1	75
Slocan City	....	1	....	1	....	....	....	....	.....	....	....	....	....	....	....	2
Trail	8	2	1	73	4	1	....	....	.....	....	2	2	1	4	....	98
Trout Lake	....	....	....	....	....	....	....	....	.....	....	....	....	....	....	....	....
Wilmer	....	1	....	2	....	....	....	....	.....	....	....	....	....	1	....	4
Totals	104	26	37	427	23	9	5	1	....	4	23	10	4	46	9	728
Victoria City	149	47	60	209	33	30	4	3	3	8	16	29	20	31	10	652
Cowichan	9	5	5	18	4	1	....	....	.....	....	3	...	5	5	6	61
Esquimalt	10	2	3	14	....	....	....	....	.....	1	1	4	1	5	....	41
Ganges	....	1	....	....	....	....	....	....	.....	....	....	....	....	....	....	1
Oak Bay	2	3	3	3	3	2	....	....	.....	....	1	1	1	....	....	19
Saanich	14	5	7	20	1	4	....	....	.....	....	....	2	2	9	....	64
Totals	184	63	78	264	41	37	4	3	3	9	21	36	29	50	16	838
Nanaimo City	30	8	22	97	6	9	....	2	.....	1	8	1	3	35	2	224
Alert Bay	4	1	....	6	....	1	....	....	.....	....	1	1	2	6	1	23
Comox	23	7	9	42	3	....	2	1	.....	....	5	1	2	35	6	136
Ladysmith	7	2	4	23	....	1	....	....	.....	....	4	....	....	6	....	47
Totals	64	18	35	168	9	11	2	3	.....	1	18	3	7	82	9	430
Vancouver City	474	134	197	1,014	59	88	15	6	2	16	102	77	10	86	14	2,294
South Vancouver	37	16	24	119	3	7	....	....	.....	1	10	9	1	2	1	230
Point Grey	19	11	13	39	1	7	....	....	1	1	....	2	3	6	....	103
North Vancouver	19	8	4	43	2	7	....	....	.....	1	7	10	2	3	....	106
North Vancouver District	7	3	2	6	...	1	1	....	.....	....	2	....	....	....	....	22
West Vancouver	1	1	2	1	....	....	....	....	.....	....	1	....	1	1	....	8
Unorganized	6	2	....	35	2	1	1	....	.....	....	4	1	....	13	....	65
Richmond	6	2	5	18	....	....	....	....	.....	....	2	3	2	8	....	46
Totals	569	177	247	1,275	67	111	17	6	3	19	128	102	19	119	15	2,874
New Westminster City	71	61	28	141	9	8	3	....	.....	2	8	16	2	10	8	367
Burnaby	11	2	8	31	2	2	....	....	.....	....	3	3	....	2	....	64
Chilliwack	9	4	7	22	2	3	1	....	.....	....	....	5	2	4	....	59
Outside	32	41	27	119	3	6	1	2	.....	1	9	3	4	23	4	275
Totals	123	108	70	313	16	19	5	2	.....	3	20	27	8	39	12	765
Alberni	5	1	1	10	2	1	1	....	.....	....	....	....	....	5	..	26
Atlin	1	....	....	....	....	....	....	....	.....	....	....	....	....	1	1	3
Anyox	1	1	1	49	....	2	....	....	.....	....	1	1	....	9	....	65
Bella Coola	2	1	...	11	....	....	....	....	.....	....	3	....	....	4	1	22
Clayoquot	....	....	....	....	....	....	....	....	.....	....	....	....	....	....	....	....
Fort Fraser	4	2	1	10	....	....	....	....	.....	....	....	1	....	1	2	21
Hazelton	10	2	3	9	3	1	....	....	.....	1	3	1	....	6	1	40
Fort St. John	....	....	....	....	....	....	....	....	.....	....	....	....	....	1	....	1
Hudson Hope	....	....	....	....	....	....	....	....	.....	....	....	....	....	....	....	....
Pouce Coupe	1	....	....	7	....	....	....	....	.....	....	....	....	....	1	..	9
Porter's Landing	....	....	....	....	....	....	....	....	.....	....	....	....	....	....	....	....
Prince Rupert	13	5	9	83	2	2	....	....	.....	....	9	....	1	6	2	132
Quatsino	....	1	....	....	1	....	....	....	.....	....	....	....	....	1	1	4
Queen Charlotte	....	...	2	13	....	....	....	....	.....	....	1	....	....	5	....	21
Stewart	....	....	....	3	....	....	....	....	.....	....	....	....	....	....	....	3
Telegraph Creek	....	....	....	1	....	....	....	....	.....	....	....	....	....	....	....	1
Totals	37	13	17	196	8	6	1	...	.....	1	17	3	1	40	8	348
Grand totals (less Indians)	1,242	449	528	2,944	189	216	40	18	6	42	259	188	76	414	85	6,636
Indians	701	10	11	149	5	5	6	2	.....	...	17	...	34	18	88	1,046
Totals all races	1,943	459	539	3,093	194	221	46	20	6	42	276	188	110	432	173	7,742

6,636
2,046
1,742

The following table of diseases (not including Indians) has been compiled from returns of the whole Province for years 1900 to June, 1919, inclusive. It is considered worthy of attention.

This table, like the preceding one, has been segregated, and each division shows its liability to or immunity from the diseases contained in the list for the immediate past year.

Disease.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918 (6 mos.)	July, 1918, to June, 1919.	Total.
Typhoid fever	79	35	32	24	42	34	39	63	72	55	102	92	99	85	42	32	23	24	5	13	992
Smallpox	....	....	....	....	2	....	1	....	1	....	1	....	....	....	....	....	....	3	....	2	10
Measles	1	....	6	1	1	1	2	10	6	1	7	11	13	11	1	14	12	6	17	4	125
Scarlet fever	2	7	7	17	8	4	6	4	5	16	14	31	12	18	3	....	1	7	2	1	165
Whooping-cough	6	....	6	12	3	4	4	26	9	18	15	23	15	27	23	9	37	21	14	19	291
Diphtheria	7	11	31	21	16	10	15	21	29	14	23	68	36	35	11	11	18	19	7	16	419
Influenza	7	3	6	11	6	7	2	26	5	10	5	10	10	11	11	18	36	17	9	285	495
Tuberculosis (all forms)	98	105	111	126	129	167	178	243	180	137	172	316	368	422	403	425	367	413	236	431	5027
Cancer (all forms)	25	28	48	34	43	34	36	68	49	79	113	148	180	159	205	221	259	248	144	288	2409
Bronchitis	22	26	22	19	24	16	20	47	44	36	42	60	63	51	47	47	49	36	23	38	732
Pneumonia	98	102	155	115	104	109	110	217	152	153	164	237	258	195	183	157	228	224	131	308	3391
Bronchopneumonia	....	....	....	....	....	....	....	....	33	46	51	85	124	66	64	62	140	92	48	96	907
Pneumonia following influenza	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2449	2449
Diarrhœa and enteritis	35	29	30	22	48	48	45	53	33	59	74	53	130	113	108	72	35	53	17	52	1109
Totals	380	346	454	402	426	425	458	778	618	624	783	1134	1308	1193	1101	1068	1205	1163	653	4002	18521

ALLOTMENT OF SPECIFIED DISEASES TO EACH MINING DIVISION.

Mining Division.	Typhoid fever.	Smallpox.	Measles.	Scarlet fever.	Whooping-cough.	Diphtheria.	Influenza.	Tuberculosis (all forms).	Cancer (all forms).	Bronchitis.	Broncho-pneumonia.	Pneumonia.	Pneumonia following Influenza.	Diarrhœa and Enteritis.	Total.
Ashcroft	....	....	....	....	....	....	....	....	1	1	....	1	5	....	8
Barkerville	....	....	....	....	....	....	....	1	....	....	....	....	....	....	1
Fort George	....	....	....	....	6	....	....	....	....	....	....	1	46	....	53
Telegraph Creek	....	....	....	....	....	....	1	....	....	....	....	....	4	....	5
Clinton	....	....	....	....	....	....	....	....	....	....	....	....	9	....	9
Lillooet	....	....	....	....	....	....	....	1	....	....	....	....	7	....	8
Quesnel	....	....	....	....	....	....	....	1	....	....	....	....	3	....	4
Ten-Mile House	....	....	....	....	....	....	....	1	....	....	....	....	3	....	4
Yale	....	....	....	....	....	....	....	....	....	....	....	....	4	....	4
Totals	....	....	....	....	6	....	1	4	1	1	....	2	81	....	96
Fairview	....	....	....	....	....	....	2	4	3	....	....	1	19	....	29
Greenwood	....	....	....	....	....	1	5	....	2	....	....	....	23	....	31
Grand Forks	1	....	....	....	....	....	9	3	1	....	2	1	18	....	35
Kamloops	1	....	....	....	....	....	3	44	17	....	1	14	59	3	142
Nicola	....	....	....	....	....	....	....	2	....	....	....	....	7	....	9
Princeton	....	....	....	....	1	....	3	....	....	....	....	1	24	....	29
Vernon	....	....	....	....	....	....	6	13	6	....	3	4	30	4	66
Totals	2	....	....	....	1	1	28	66	29	....	6	21	180	7	341
Beaton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Cranbrook	....	....	....	....	....	....	....	5	3	....	2	5	77	....	92
Fernie	....	....	....	....	....	....	10	6	3	3	2	4	73	4	105
Golden	....	....	....	....	....	....	4	....	....	....	....	....	6	....	10
Kaslo	....	....	....	....	....	....	....	1	....	....	....	....	3	....	4
Nanaimo	....	....	....	....	....	....	....	....	....	....	....	....	2	....	2
Nelson	1	....	....	....	....	....	1	6	16	7	1	3	2	60	1	98
New Denver	....	....	....	....	....	....	....	....	....	1	....	....	2	19	....	22
Revelstoke	....	....	1	....	....	....	6	1	2	....	....	....	5	30	1	46
Rossland	1	....	....	....	....	....	1	3	....	....	....	1	8	41	2	57
Slocan City	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1
Trail	1	....	....	....	....	....	2	1	1	3	....	....	2	71	....	81
Trout Lake	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Windermere	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....	2
Totals	3	....	1	....	....	3	28	33	19	5	8	30	382	8	520
Victoria	1	....	....	....	3	....	28	47	58	4	6	52	143	3	345
Cowichan	....	....	....	1	....	....	1	4	2	3	....	3	12	1	27
Esquimalt	....	2	....	....	....	....	3	2	3	....	....	1	12	....	23
Oak Bay	....	....	....	....	....	....	....	....	2	....	....	1	2	2	7
Saanich	....	....	....	....	....	1	3	2	7	1	2	4	13	....	33
Totals	1	2	....	1	3	1	35	55	72	8	8	61	182	6	435

ALLOTMENT OF SPECIFIED DISEASES TO EACH MINING DIVISION.—*Concluded.*

Mining Division.	Typhoid fever.	Smallpox.	Measles.	Scarlet fever.	Whooping-cough.	Diphtheria.	Influenza.	Tuberculosis (all forms).	Cancer (all forms).	Bronchitis.	Broncho-Pneumonia.	Pneumonia.	Pneumonia following Influenza.	Diarrhœa and Enteritis.	Total.
Nanaimo	....	....	....	....	....	3	5	13	7	1	6	8	80	3	126
Alert Bay	....	....	.	....	....	....	3	1	....	....	....	5	1	....	10
Comox	1	....	....	....	....	....	15	2	3	1	4	1	35	1	63
Ladysmith	....	....	....	....	....	....	3	3	....	....	3	....	20	....	29
Totals	1	....	....	....	....	3	26	19	10	2	13	14	136	4	228
Vancouver	5	....	....	....	6	5	119	157	99	11	40	106	828	18	1,394
South Vancouver	....	....	1	....	....	1	9	10	10	2	3	10	101	2	149
Point Grey	....	....	....	....	....	....	4	2	10	1	3	4	28	....	52
North Vancouver City	....	....	1	....	1	1	3	10	3	....	....	7	35	....	61
North Vancouver District	....	....	....	....	....	....	2	3	1	....	....	1	5	....	12
West Vancouver	....	....	....	....	....	....	....	....	1	....	....	....	1	....	2
Vancouver (outside)	....	....	....	....	....	....	2	2	....	....	....	2	32	2	40
Richmond	....	....	....	....	....	....	2	1	3	1	1	3	13	....	24
Totals	5	....	2	....	7	7	141	185	127	15	47	133	1,043	22	1,734
New Westminster	....	....	1	....	1	1	8	31	14	1	1	24	112	4	198
Burnaby	....	....	....	....	....	....	2	5	3	2	1	5	23	....	41
Chilliwack	....	....	....	....	....	....	1	3	3	....	2	4	16	....	29
New Westminster (outside)	1	....	....	....	....	....	1	20	5	1	5	8	104	....	145
Totals	1	....	1	....	1	1	12	59	25	4	9	41	255	4	413
Alberni	....	....	....	....	....	....	3	2	....	....	....	....	10	1	16
Atlin	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Anyox	....	....	....	....	....	....	....	1	....	....	....	....	49	....	50
Bella Coola	....	....	....	....	....	....	1	1	....	1	....	....	19	....	22
Clayoquot	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Fort Fraser	....	....	....	....	....	....	1	1	1	....	1	....	9	....	13
Hazelton	....	....	....	....	1	....	5	....	3	....	....	3	6	....	18
Fort St. John	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Hudson Hope	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Pouce Coupe	....	....	....	....	....	....	....	1	....	....	....	....	7	....	8
Porter's Landing	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Prince Rupert	....	....	....	....	....	....	4	4	1	2	4	3	73	....	91
Quatsino	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Queen Charlotte	....	....	....	....	....	....	....	....	....	....	....	....	13	....	13
Stewart	....	....	....	....	....	....	....	....	....	....	....	....	3	....	3
Telegraph Creek	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
Totals	....	....	....	....	1	....	14	10	5	3	5	6	190	1	235
Grand totals	13	2	4	1	19	16	285	431	288	38	96	308	2,449	52	4,002

Referring to cancer, the returns show that deaths from this disease are steadily on the increase. For the year 1917 there were 248 deaths; first six months of 1918, 144; and for the year ending June 30th, 1919, 288, or 4.31 per cent. of all deaths, exclusive of still-births, and a rate of 0.65 per thousand. It is worthy of note that we have never received a return of death by cancer for an Indian.

The deaths and numbers occurred in the following places:—

Place.	No. of Deaths.	Total.	Place.	No. of Deaths.	Total.
[illegible]	58		*Brought forward*		126
[illegible]	2		Fort Fraser	1	
[illegible]	3		Hazelton	3	
[illegible]	2		Prince Rupert	1	
[illegible]	7				5
		72	Ashcroft	1	
New Westminster City	14				1
[illegible]	3		Fairview	3	
[illegible]	3		Greenwood	2	
New Westminster (outside)	5		Grand Forks	1	
		25	Kamloops	17	
Nanaimo	7		Vernon	6	
[illegible]	3				29
		10	Vancouver City	99	
[illegible]	3		South Vancouver	10	
[illegible]	3		Point Grey	10	
[illegible]	7		North Vancouver City	3	
[illegible]	1		North Vancouver District	1	
[illegible]	2		West Vancouver	1	
[illegible]	3		Richmond	3	
		19			127
Carried forward		126	Total		288

Tuberculosis.—Under this heading the same course is pursued as in cancer; that is, the report as a whole, and then recapitulated. Number of deaths in 1917, 413; for first six months of 1918, 236; for 1918-19, 431; which does not include 132 occurring among the Indians. The percentage of all deaths, exclusive of still-births, is 6.62 per cent., and the rate per thousand of population is 0.97.

The following deaths resulted from tuberculosis in the respective places:—

Place.	Number.	Place.	Number.
[illegible]	1	*Brought forward*	172
[illegible]	1		
[illegible]	1	Comox	2
[illegible]	1	Ladysmith	3
[illegible]	4	New Westminster City	31
[illegible]	3	Burnaby	5
[illegible]	44	Chilliwack	3
[illegible]	2	New Westminster (outside)	20
[illegible]	13	Vancouver City	157
[illegible]	5	South Vancouver	10
[illegible]	6	Point Grey	2
[illegible]	1	North Vancouver City	10
[illegible]	16	North Vancouver District	3
[illegible]	1	Vancouver (outside)	2
[illegible]	3	Richmond	1
Trail	1	Alberni	2
[illegible]	47	Anyox	1
[illegible]	4	Bella Coola	1
[illegible]	2	Fort Fraser	1
[illegible]	2	Pender Coupe	1
[illegible]	13	Prince Rupert	4
[illegible]	1		
Carried forward	172	Total	431

It is felt that the subject of tuberculosis cannot be dismissed here without introducing the [illegible] Tuberculosis among Indians and introducing not only a comparison, but a criticism. To demonstrate, the Agencies will be recited, the total deaths in the band, the deaths from

tuberculosis, and the percentage of death from tuberculosis of all deaths in the band, as follows:—

Band.	Total Deaths.	Deaths from Tuberculosis.	Per Cent. of All Deaths.
Babine	61	7	11.47
Bella Coola	71	8	11.26
Cowichan	82	20	24.39
Kamloops	227	5	2.20
Kootenay	43	8	18.60
Kwawkewlth	23	8	34.78
Lytton	165	17	10.30
Nass	59	15	25.42
New Westminster	17	4	23.53
Okanagan	61	12	19.67
Queen Charlotte	31	5	16.12
Stikine	11	2	18 18
Stuart Lake	123	13	10.56
West Coast	71	8	11.26
Williams Lake*	1	..	.....
Totals	1,046	132	12.61

*Williams Lake is not yet in working-order.

The above table shows that of the Indians, notwithstanding the heavy loss resulting from the epidemic, the deaths from tuberculosis amount to a trifle over one-eighth of all deaths. Now if, in order to show the true condition, we subtract the number of Indians who died from influenza and pneumonia following influenza (670) from the total death returns of Indians (1,046), we have a remainder of 340, which gives a death-rate of 13.74 per thousand of population of Indians, a rate which is very nearly normal; but if 340 is normal and 132 died of tuberculosis, we are confronted with the astounding fact that 38.52 per cent. of all deaths among Indians must be attributed to tuberculosis.

The Indians, numbering 24,744, are wards of the Federal Government—the Province cannot interfere with the management of them. The population of British Columbia, not counting Indians, is 440,187. We have established sanatoria and are putting forth every effort to relieve and protect our citizens.

All authorities agree that tuberculosis is communicable, preventable, and curable; if that position is correct, and there can be no doubt about it, the Federal Government should establish similar institutions for its wards or admit that they are permitting 24,000 of its wards to stand as a menace to the health and prosperity of a population of 440,000.

Finally, the 563 deaths from tuberculosis we will assign as follows:—

Race.	Population.	Deaths.	Per Cent. of Deaths from Tuberculosis.	Rate per 1,000 Population.
Whites	390,490	338	60.00	0.86
Indians	24,744	132	23.44	5.33
Chinese	27,413	60	10.65	2.18
Japanese	20,970	24	4.26	1.14
East Indians	1,314	9	1.60	6.85
Totals	464,931	563	99.95	....

The following information is presented as a comparative statement *re* ages of decedents for the years 1916-17, first six months of 1918, and the year July, 1918, to June, 1919, inclusive:—

Ages.	1916.	1917.	1918 (6 mos.).	July, 1918, to June, 1919.	Per Cent. of Deaths of 1918-19.
Under 1 year	601	587	260	590	9.06
1 to 2 years	121	82	45	126	1.93
2 to 5 years	108	107	58	191	2.93
5 to 10 years	70	76	44	135	2.07
10 to 20 years	104	154	93	364	5.59
20 to 30 years	298	329	161	1,160	17.82
30 to 40 years	451	473	244	1,505	23.12
40 to 50 years	486	451	248	777	11.93
50 to 60 years	450	456	259	548	8.42
60 to 70 years	413	461	244	486	7.46
70 to 80 years	348	341	181	364	5.59
80 to 90 years	175	158	97	155	2.38
90 years and upwards	22	18	11	24	0.36
Age not given	37	28	9	83	1.27
Age and sex not given	2	..	...	....	....
Totals	3,686	3,721	1,954	6,508	99.93

In the above figures the still-born are not included with deaths under one year. There were 201 still-births reported in 1916, 175 in 1917, 92 for the first six months of 1918, and 188 for the year July, 1918, to June, 1919.

The cash receipts for the year show:—

Vital statistics	$3,081 40
Marriage licences	135 00
Total for year	$3,216 40

There were 3,517 searches made, resulting in 3,352 certificates being issued, leaving 165 involving search only.

Letters inward, from July 1st, 1918, to June 30th, 1919, numbered 6,113, as against same period in 1917-18, 5,453, and for 1917, 4,590. The 6,113 "letters in" for the immediate past year does not include notices from physicians, notices received from issuers of marriage licences, nor the certificates, issued free of charge, for military purposes.

The opportunity is taken to thank all officers connected with this branch of the Health Department for their courtesy and promptness; really, it seems to have become a fixed habit with each and every one of them.

All tabulated statements follow.

I have the honour to be,

Sir,

Yours obediently,

MUNROE MILLER.
Deputy Registrar of Births, Deaths, and Marriages.

BIRTHS, JULY, 1918, TO JUNE, 1919 (INCLUSIVE).

Mining Division.	Registrations for Year.			Total Registrations.		Births for Year.			Total Births.	
	Male.	Female.	Sex not given.	July, 1918, to June, 1919	1918.*	Male.	Female.	Sex not given.	July, 1818, to June, 1919	1918.
Ainsworth—										
Kaslo	17	10	..	27	13	9	7	..	16	8
Arrow Lake—										
Nakusp	10	6	..	16	15	7	4	..	11	9
Atlin—										
Atlin	2	1	..	3	1	..	1	..	1	1
Ashcroft—										
Ashcroft	14	12	..	26	24	11	4	..	15	10
Alberni—										
Alberni	21	15	..	36	20	12	9	..	21	10
Bella Coola—										
Bella Coola	27	16	..	43	14	25	17	..	42	8
Cariboo—										
Barkerville	1	1	..	2	1	..	1	..	1	..
Fort George	35	32	..	67	28	32	27	..	59	19
Tete Jaune Cache	2	9	..	11	5	2	9	..	11	4
Clayoquot—										
Clayoquot	2	1	..	3	..	1	1	..	2	..
Clinton—										
Clinton	6	5	..	11	2	5	2	..	7	1
Fort Steele—										
Cranbrook	72	37	..	109	83	55	29	..	84	49
Fernie	90	78	..	168	87	70	61	..	131	64
Greenwood—										
Greenwood	37	31	..	68	44	21	18	..	39	26
Grand Forks—										
Grand Forks	44	23	..	67	44	29	18	..	47	27
Golden—										
Golden	18	15	..	33	19	12	12	..	24	13
Kamloops—										
Kamloops	153	137	..	290	148	112	102	..	214	94
Liard—										
Porter's Landing	..	..	..	..	..	..	..	..	..	..
Lardeau—										
Beaton	1	..	..	1	1	..	..	..	..	..
Lillooet—										
Lillooet	7	1	..	8	3	6	1	..	7	1
Nicola—										
Nicola	33	29	..	62	42	25	22	..	47	24
Nelson—										
Nelson	121	95	..	216	112	72	63	..	135	59
New Westminster—										
New Westminster City	212	209	..	421	275	161	150	..	311	127
Burnaby	50	62	..	112	64	40	49	..	89	47
Chilliwack	84	78	..	162	43	61	63	..	124	20
Outside	215	184	..	399	247	138	140	..	278	113
Nanaimo—										
Nanaimo City	173	139	..	312	197	131	109	..	240	95
Alert Bay	9	17	..	26	5	8	16	..	24	5
Comox	87	86	..	173	84	62	73	..	135	55
Ladysmith	43	29	..	72	25	37	22	..	59	14
Osoyoos—										
Fairview	33	34	..	67	26	23	30	..	53	21
Omineca—										
Hazelton	16	21	..	37	19	11	16	..	27	15
Port Fraser	12	4	..	16	9	11	4	..	15	5
Portland Canal—										
Stewart	..	..	..	..	..	..	..	..	..	..
Peace River—										
Fort St. John	2	1	..	3	2	2	1	..	3	1
Hudson Hope	..	..	..	..	..	..	..	..	..	..
Pouce Coupe	4	6	..	10	3	3	5	..	8	2
Quesnel—										
Quesnel	5	11	..	16	4	2	8	..	10	3
150-Mile House	10	4	..	14	4	4	4	..	8	2
Quatsino—										
Quatsino	10	10	..	20	2	7	6	..	13	2
Queen Charlotte—										
Queen Charlotte City	3	3	..	6	11	1	3	..	4	9
Revelstoke—										
Revelstoke	48	45	..	93	76	25	40	..	65	44
Similkameen—										
Princeton	18	11	..	29	14	13	8	..	21	10
Slocan—										
New Denver	16	11	..	27	16	9	9	..	18	9
Slocan City—										
Slocan City	2	2	..	4	..	..	2	..	2	..
Stikine—										
Telegraph Creek	3	..	..	3	1	3	..	..	3	1
Carried forward	1,768	1,521	..	3,289	1,833	1,258	1,166	..	2,424	1,027

*January to June only.

BIRTHS, JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Concluded.*

Medical Division.	Registrations for Year.			Total Registrations.		Births for Year.			Total Births.	
	Male.	Female.	Sex not given.	July, 1918, to June, 1919	1918.*	Male.	Female.	Sex not given.	July, 1918, to June, 1919	1918.*
Brought forward	1,768	1,251	..	3,289	1,833	1,258	1,166	..	2,424	1,027
Skeena—										
Prince Rupert	75	65	..	140	75	63	57	..	120	40
Anyox	22	17	..	39	20	20	16	..	36	14
Trail Creek—										
Rossland	33	27	..	60	67	12	13	..	25	19
Trail	45	40	..	85	78	37	33	..	70	53
Trout Lake—										
Trout Lake	..	1	..	1	..	..	1	..	1	..
Vernon—										
Vernon	202	196	..	398	197	151	151	..	302	107
Vancouver—										
Vancouver City	1,428	1,296	..	2,724	1,493	1,097	1,045	1	2,143	997
North Vancouver City	83	78	..	161	82	74	68	..	142	63
North Vancouver District	16	16	..	32	17	14	14	..	28	10
South Vancouver	213	217	..	430	207	188	191	..	379	152
West Vancouver	6	8	..	14	5	5	8	..	13	3
Point Grey	56	61	..	117	64	39	52	..	91	43
Unorganized	23	33	..	56	31	16	25	..	41	22
Richmond	53	63	..	116	65	47	45	..	92	58
Victoria—										
Victoria City	569	450	..	1,019	492	438	372	..	810	272
Cowichan	39	35	..	74	54	32	26	..	58	31
Esquimalt	36	20	..	56	50	30	17	.	47	24
Ganges†	4	3	..	7	..	2	1	..	3	..
Oak Bay	11	8	..	19	22	9	7	..	16	11
Saanich	63	86	..	149	71	50	60	..	110	39
Windermere—										
Wilmer	7	4	..	11	8	6	4	..	10	6
Yale—										
Yale	8	5	..	13	9	4	4	..	8	6
Totals	4,760	4,250	..	9,010	4,940	3,592	3,376	1	6,969	2,997

*January to June only. †Two months of 1919 only.

Total registrations for year, 9,010; actual births for year, 6,969.

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS BY MONTHS.

(For comparative purposes corresponding months of different years are placed side by side.)

Registration Division or Group.	1917.							1918.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Victoria Division.														
Victoria	28	41	45	27	37	52	230	43	38	31	81	104	55	352
Cowichan	2	5	1	3	2	2	15	4	3	5	5	8	5	30
Esquimalt	4	2	..	2	1	4	13	5	3	2	4	6	3	23
Oak Bay	..	..	1	1	1	3	6	3	3	1	1	2	2	12
Ganges	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Saanich	6	3	2	3	6	2	22	4	4	3	5	9	5	30
Totals	40	51	49	36	47	63	286	59	51	42	96	129	70	447
Nanaimo Division.														
Nanaimo City	9	9	6	5	4	7	40	8	5	2	15	74	23	127
Alert Bay	4	..	..	3	..	1	8	..	1	1	4	7	1	14
Comox	7	7	4	7	9	5	39	9	8	4	6	41	18	86
Ladysmith	2	2	2	3	1	3	13	3	4	2	3	15	7	34
Totals	22	18	12	18	14	16	100	20	18	9	28	137	49	261
Vancouver Division.														
Vancouver City	85	65	95	128	107	111	591	101	91	98	286	510	173	1,259
South Vancouver	7	5	6	4	5	11	38	12	4	13	21	56	19	125
Point Grey	..	5	..	6	5	1	17	5	7	3	14	15	9	53
North Vancouver City	6	6	2	6	1	6	27	9	4	3	5	30	13	64
North Vancouver District	2	..	1	..	..	..	3	2	1	2	1	4	2	12
West Vancouver	..	1	..	..	..	1	2	1	..	..	2	..	..	3
Richmond	..	6	2	..	2	5	15	4	2	4	2	4	6	22
Vancouver (outside)	4	1	..	1	1	4	11	3	..	2	22	12	4	43
Totals	104	89	106	145	121	139	704	137	109	125	353	631	226	1,581
New Westminster Div.														
New Westminster City	15	19	15	22	17	29	117	13	10	16	39	76	51	205
Burnaby	1	4	1	3	2	2	13	2	3	1	7	14	7	34
Chilliwack	5	2	1	1	5	5	19	6	3	3	6	11	3	32
N. Westminster (outside)	13	11	15	17	13	15	84	16	17	7	47	57	26	170
Totals	34	36	32	43	37	51	233	37	33	27	99	158	87	441
Ashcroft Group.														
Ashcroft	2	..	2	..	4	1	9	..	1	2	2	2	1	8
Barkerville	..	1	..	..	..	1	2	..	..	..	..	..	1	1
Fort George	3	2	..	1	..	4	10	2	..	4	8	38	5	57
Tete Jaune Cache	2	3	1	2	1	..	9	..	..	..	..	5	..	5
Clinton	..	..	..	..	2	..	2	..	..	..	..	2	..	2
Lillooet	..	..	..	..	1	..	1	2	..	2	6	1	1	12
Quesnel	1	..	..	..	..	..	1	..	..	..	..	..	4	4
150-Mile House	..	..	..	..	..	1	1	..	2	1	..	3	..	6
Yale	..	1	2	2	1	..	6	..	..	..	1	1	4	6
Totals	8	7	5	5	9	7	41	4	3	9	17	52	16	101
Fairview Group.														
Fairview	1	3	1	5	..	1	11	6	3	2	..	17	6	34
Greenwood	4	..	3	3	1	2	13	..	3	3	1	20	3	30
Grand Forks	1	4	..	4	2	2	13	..	3	..	3	13	7	26
Kamloops	9	3	10	17	13	5	57	12	9	16	23	46	22	128
Nicola	..	3	2	2	..	..	7	3	3	4	..	..	..	10
Princeton	2	..	1	2	..	2	7	3	1	1	1	28	5	39
Vernon (includes Summerland)	11	4	5	11	8	4	43	10	5	7	9	19	35	85
Totals	28	17	22	44	24	16	151	34	27	33	37	143	78	352
Beaton Group.														
Beaton	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cranbrook	2	3	9	6	6	7	33	3	5	..	2	24	50	84
Fernie	6	11	12	11	10	15	65	8	2	2	6	24	55	97
Golden	1	..	..	..	..	..	1	1	1	1	1	8	3	15
Kaslo	..	..	1	1	2	1	5	1	1	..	..	..	3	5
Nakusp	..	1	1	..	..	2	4	..	..	..	1	2	..	3
Nelson	5	8	5	10	8	6	42	6	7	5	6	40	16	80
New Denver	2	2	..	1	..	1	6	3	..	..	1	7	1	12
Revelstoke	..	2	..	4	7	3	16	2	1	1	7	26	6	43
Rossland	1	3	..	3	1	5	13	.	3	4	21	31	2	61
Slocan City	..	..	..	..	1	1	2	..	..	1	.	.	..	1
Trail	3	2	4	6	4	..	19	..	1	1	3	7	61	73
Trout Lake	2	..	..	..	..	..	2	..	..	..	..	..	.	.
Wilmer	1	..	..	..	..	..	1	..	..	..	..	..	1	1
Totals	23	32	32	42	39	41	209	24	21	15	48	169	198	475

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS BY MONTHS—*Continued.*

Registration Division or Group	1917.							1918.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Atlin Group														
Atlin	1	1	1	2	..	1	6	1	3	1	5	12	1	23
Athalmer	..	..	..	..	..	..	..	..	..	1	1	..	..	2
Atlin	..	..	..	..	1	..	1	3	1	2	44	5	2	57
Invermere	4	1	2	1	..	1	9	1	..	..	2	5	4	12
Canal Flat	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fort Fraser	..	1	1	2	..	..	4	..	..	2	..	9	2	13
Hazelton	2	3	2	3	1	4	15	1	1	1	5	14	3	25
Fort St. John	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hudson Hope	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Prince George	1	..	..	..	..	..	1	..	..	..	..	6	..	6
Prince Rupert Landing	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Prince Rupert	6	3	8	5	2	5	29	7	6	6	17	59	8	103
Queen Charlotte	..	..	2	..	..	..	2	1	..	..	..	..	1	2
Queen Charlotte	..	..	..	1	..	2	3	1	..	..	1	13	6	21
Stewart	..	..	..	2	..	..	2	..	..	..	..	2	1	3
Telegraph Creek	2	..	..	..	..	..	2	..	..	..	1	..	..	1
Totals	16	9	16	16	4	13	74	15	11	13	76	125	28	268
Grand totals	275	239	274	349	295	346	1,798	330	273	273	754	1,544	752	3,926

Registration Division or Group.	1918.							1919.						
	Jan.	Feb.	Mar.	April.	May.	June.	Total.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Victoria Division.														
Victoria	37	44	58	72	38	36	285	84	54	52	44	36	30	300
Cowichan	4	5	6	..	7	4	26	7	4	5	7	4	4	31
Esquimalt	1	4	7	4	4	1	21	9	1	..	3	2	3	18
Oak Bay	1	..	..	2	2	1	6	1	3	2	1	..	..	7
Ganges	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Saanich	4	2	2	3	5	4	20	10	6	7	4	5	2	34
Totals	47	55	73	81	56	46	358	111	68	66	59	47	40	391
Nanaimo Division.														
Nanaimo City	12	7	15	10	6	9	59	30	10	13	27	6	11	97
Alert Bay	..	1	1	1	2	1	6	..	1	3	1	4	..	9
Comox	8	4	15	12	2	5	46	11	7	13	12	4	3	50
Ladysmith	5	1	2	2	3	4	17	5	1	1	1	2	3	13
Totals	25	13	33	25	13	19	128	46	19	30	41	16	17	169
Vancouver Division.														
Vancouver City	98	104	106	154	131	88	681	356	185	170	124	105	95	1,035
South Vancouver	9	6	9	10	6	12	52	49	5	21	14	6	10	105
Point Grey	4	6	4	9	5	4	32	15	6	9	7	6	7	50
North Vancouver City	3	2	3	5	2	2	17	9	7	6	6	6	8	42
North Vancouver District	3	1	..	..	2	1	7	6	..	1	2	1	..	10
West Vancouver	..	..	1	..	..	..	1	..	..	3	1	..	1	5
Richmond	3	4	5	3	3	1	19	9	6	2	4	3	..	24
Vancouver (outside)	..	5	2	1	1	2	11	9	3	3	1	1	5	22
Totals	120	128	130	182	150	110	820	453	212	215	159	128	126	1,293
New Westminster Div.														
New Westminster City	23	20	24	23	23	20	133	54	24	27	24	19	14	162
Burnaby	5	4	3	6	1	2	21	11	4	6	2	2	5	30
Chilliwack	8	4	2	3	1	2	20	7	7	4	1	1	7	27
N. Westminster (outside)	13	13	14	15	13	15	83	27	23	14	17	13	11	105
Totals	49	41	43	47	38	39	257	99	58	51	44	35	37	324
Ashcroft Group.														
Ashcroft	2	..	..	1	2	..	5	1	..	2	3	..	..	6
Barkerville	..	..	..	..	..	..	..	2	..	..	..	1	..	3
Fort George	1	1	1	4	1	1	9	..	1	2	4	2	..	9
Tete Jaune Cache	..	1	1	1	..	1	4	..	1	2	..	3	..	6
Clinton	..	..	..	..	..	1	1	7	..	1	..	1	1	10
Lillooet	..	..	..	..	1	..	1	1	..	..	..	..	..	1
Quesnel	1	1	1	..	1	..	4	1	..	..	..	1	..	2
150-Mile House	..	2	1	1	..	..	4	..	..	..	1	1	1	3
Yale	..	..	..	..	..	..	..	1	..	..	..	..	1	2
Totals	4	5	4	7	5	3	28	13	2	7	8	9	3	42

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS BY MONTHS—*Concluded.*

Registration Division or Group.	1918.							1919.						
	Jan.	Feb.	Mar.	April.	May.	June.	Total.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Fairview Group.														
Fairview	2	3	3	1	3	1	13	1	3	8	2	3	.	17
Greenwood	1	2	3	..	..	3	9	2	1	2	..	3	4	12
Grand Forks	1	2	..	2	3	2	10	2	6	6	6	5	1	26
Kamloops	3	18	9	13	11	8	62	9	12	21	19	9	21	91
Nicola	2	..	5	2	3	..	12	6	2	..	..	1	..	9
Princeton	..	1	3	1	..	1	6	..	1	1	1	..	1	4
Vernon (includes Summerland)	8	6	11	15	10	3	53	5	10	8	15	15	6	59
Totals	17	32	34	34	30	18	165	25	35	46	43	36	33	218
Beaton Group.														
Beaton	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cranbrook	8	6	8	6	..	8	36	6	17	9	1	9	..	42
Fernie	6	9	5	8	8	10	46	11	15	4	5	5	3	43
Golden	1	..	..	3	1	2	7	3	..	..	..	..	2	5
Kaslo	1	2	1	1	1	..	6	1	..	..	2	1	2	6
Nakusp	1	1	..	.	1	..	3	..	..	..	..	..	..	..
Nelson	12	8	5	14	6	9	54	11	14	8	10	9	9	61
New Denver	1	..	2	1	1	..	5	14	3	3	3	4	..	27
Revelstoke	4	4	4	4	8	5	29	8	..	10	5	1	2	26
Rossland	2	..	3	2	..	4	11	4	3	2	1	2	2	14
Slocan City	..	..	..	1	..	..	1	1	..	..	..	..	..	1
Trail	2	1	5	2	1	2	13	5	8	3	2	5	2	25
Trout Lake	..	..	..	..	..	.	..	..	..	..	..	..	..	..
Wilmer	1	1	.	..	..	..	2	1	1	..	1	..	.	3
Totals	39	32	33	42	27	40	213	65	61	39	30	36	22	253
Alberni Group.														
Alberni	4	1	1	..	1	..	7	1	..	..	..	1	1	3
Atlin	1	..	..	1	..	..	2	1	..	..	..	..	..	1
Anyox	..	2	4	2	2	1	11	2	2	..	..	2	2	8
Bella Coola	1	..	2	3	..	2	8	6	..	1	..	3	..	10
Clayoquot	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Fort Fraser	..	..	1	..	..	1	2	3	1	1	..	..	3	8
Hazelton	3	..	..	1	1	1	6	5	2	1	4	3	..	15
Fort St. John	..	1	1	..	..	..	2	..	..	1	..	..	..	1
Hudson Hope	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pouce Coupe	..	1	1	..	..	1	3	..	1	2	..	..	..	3
Porter's Landing	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Prince Rupert	5	6	2	4	5	2	24	6	4	7	6	2	4	29
Quatsino	2	..	..	..	..	..	2	2	..	..	..	..	..	2
Queen Charlotte	..	1	1	3	1	..	6	..	..	..	..	..	..	..
Stewart	..	..	..	.	1	..	1	..	..	..	..	..	..	..
Telegraph Creek	1	..	..	..	1	..	2	..	..	..	..	..	..	..
Totals	17	12	13	14	13	8	77	26	10	13	10	11	10	80
Grand totals	318	318	363	432	332	283	2,046	838	465	467	394	318	288	2,770

PRELIMINARY TABLES SHOWING BIRTHS FOR DIVISIONS.

Division or Group.	July to December, 1918.						January to June, 1919.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April.	May.	June.	Total.
Ashcroft Group.													
Ashcroft	3	2	4	1	2	1	1	..	..	1	..	..	15
Barkerville	..	..	..	..	..	..	..	..	..	1	..	..	1
Fort George	3	5	5	8	4	7	1	3	10	4	7	2	59
Fort Jasper Cache	..	..	2	..	2	2	..	..	2	..	2	1	11
Quesnel	..	1	1	1	1	..	..	..	1	1	1	..	7
Lillooet	2	2	1	..	..	1	..	..	..	1	..	..	7
Quesnel	1	..	1	2	3	..	..	1	1	..	1	..	10
150 Mile House	..	..	..	2	2	..	..	..	..	1	2	1	8
Yale	..	1	..	..	1	1	1	2	1	..	1	..	8
Totals	9	11	14	14	15	12	3	6	15	9	14	4	126
Fairview Group.													
Fairview	5	5	9	7	7	5	..	3	5	3	1	3	53
Greenwood	3	5	..	10	2	1	..	2	7	1	6	2	39
Grand Forks	7	3	2	3	3	9	1	2	2	4	5	6	47
Kamloops	17	28	26	29	10	27	1	5	21	9	18	23	214
Nicola	7	..	7	6	1	10	1	1	8	2	3	1	47
Princeton	1	6	1	2	2	2	1	3	1	1	1	..	21
Vernon	35	36	27	28	21	29	2	22	17	21	34	30	302
Totals	75	83	72	85	46	83	6	38	61	41	68	65	723
Beaton Group.													
Beaton	..	..	..	..	..	..	..	..	..	..	..	..	..
Cranbrook	10	6	8	12	12	7	1	3	6	5	6	8	84
Fernie	12	21	13	10	11	9	3	2	6	12	18	14	131
Golden	1	3	4	..	4	..	..	3	2	1	4	2	24
Kaslo	2	2	1	1	1	1	..	4	..	2	1	1	16
Nakusp	..	1	..	..	1	1		2	4	1	1	.	11
Nelson	11	8	11	17	10	19	2	7	14	16	11	9	135
New Denver	..	1	1	4	2		.	5	1	2	2	..	18
Revelstoke	8	6	13	8	5	8	1	5	5	..	..	6	65
Rossland	3	2	1	2	4	6	..	..	..	3	4	..	25
Slocan	..	1	1	..	..	..	..	..	..	..	..	..	2
Trail	5	8	7	7	10	7	1	4	4	1	4	12	70
Trout Lake	.	..	..	1	..	..	..	..	..	..	..	..	1
Wilmer	1	.	2	2	1	1	..	1	2	..	..	..	10
Totals	53	59	62	64	61	59	8	36	44	43	51	52	592
Victoria Division.													
Victoria City	85	77	42	70	72	75	19	43	63	83	87	94	810
Cowichan	4	4	4	5	5	7	1	3	3	9	5	8	58
Esquimalt	4	5	4	6	2	11	2	..	2	4	4	3	47
Ganges*	..	..	..	..	..	..	..	..	.	..	2	1	3
Oak Bay	4	1	3	1	2	1	..	..	2	..	1	1	16
Saanich	16	13	11	15	17	6	..	4	5	8	4	11	110
Totals	113	100	64	97	98	100	22	50	75	104	103	118	1,044
Nanaimo Division.													
Nanaimo City	17	31	18	20	17	21	5	19	22	26	27	17	240
Alert Bay	2	3	4	1	3	1	1	1	2	4	1	1	24
Comox	9	15	12	14	14	18	1	7	7	17	17	4	135
Ladysmith	3	7	8	7	9	1	2	1	5	8	2	6	59
Totals	31	56	42	42	43	41	9	28	36	55	47	28	458
New Westminster Division.													
New Westminster City	25	32	34	30	24	32	7	14	23	20	37	33	311
Burnaby	7	9	8	9	6	9	2	3	4	11	13	8	89
Chilliwack	16	8	10	8	17	9	..	8	5	9	10	24	124
Outside	23	26	31	23	21	27	9	12	19	29	34	24	278
Totals	71	75	83	70	68	77	18	37	51	69	94	89	802
Vancouver Division.													
Vancouver City	159	193	170	233	207	182	43	121	198	181	237	219	2,143
South Vancouver	33	35	26	39	34	26	4	30	35	23	53	41	379
Point Grey	8	5	6	9	11	8	1	8	12	10	9	4	91
North Vancouver City	12	14	10	13	18	11	..	11	15	17	8	13	142
North Vancouver District	2	1	4	3	..	2	..	3	3	5	4	1	28
West Vancouver	2	2	1	1	1	3	..	.	..	2	1	..	13
Richmond	11	12	4	5	9	9	10	9	8	5	5	5	92
Unorganized	3	4	2	2	4	5	1	6	6	3	3	2	41
Totals	230	266	223	305	284	246	59	188	277	246	320	285	2,929

*Two months only.

PRELIMINARY TABLES SHOWING BIRTHS FOR DIVISIONS—*Concluded.*

Division or Group.	JULY TO DECEMBER, 1918.						JANUARY TO JUNE, 1919.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April.	May.	June.	Total.
Alberni Group.													
Alberni	2	2	3	1	4	1	..	2	4	..	2	..	21
Anyox	3	2	1	3	3	5	..	1	3	9	3	3	36
Atlin	..	..	..	..	..	..	..	..	..	..	..	1	1
Bella Coola	1	9	..	6	4	2	2	4	1	4	5	4	42
Clayoquot	..	1	..	..	..	1	..	..	..	..	..	..	2
Fort Fraser	3	..	..	..	1	3	..	2	1	..	..	5	15
Hazelton	2	3	..	3	..	5	1	2	2	6	1	2	27
Fort St. John	..	1	..	..	1	1	..	..	..	..	..	..	3
Hudson Hope	..	..	..	..	..	..	..	..	..	..	..	..	..
Pouce Coupe	..	..	..	..	1	2	1	1	1	1	1	..	8
Porter's Landing	..	..	..	..	..	..	..	..	..	..	..	..	..
Prince Rupert	10	10	12	9	8	13	4	6	14	14	8	12	120
Quatsino	..	4	..	..	2	..	..	..	..	2	3	2	13
Queen Charlotte	..	..	..	1	..	2	..	..	..	..	..	1	4
Stewart	..	..	..	..	..	..	..	..	..	..	..	..	..
Telegraph Creek	..	1	..	..	1	..	..	1	..	..	..	..	3
Totals	21	33	16	23	25	35	8	19	26	36	23	30	295
Grand totals	603	683	576	700	640	653	133	402	585	603	720	671	6,969

Actual births, July, 1918, to June, 1919 (inclusive), 6,969.

TABLE OF DEATHS, SHOWING DISTRICT AND AGE, FOR YEAR JULY, 1918, TO JUNE, 1919 (INCLUSIVE).

Mining Division.	Under 1 year, including stillborn.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, July, 1918, to June, 1919.	Total, July, 1917, to June, 1918.	Increase.	Decrease.	Stillborn.
Arrow Lake—																						
Arrow Lake						1	1	2	2	2	2	1			7	4		11	11			
Arrow Lake—																						
Nakusp							1		1					1	3			3	7		4	
Atlin—																						
Atlin							2				1				3			3	2	1		
Ashcroft—																						
Ashcroft	1						1	2	3	1	3	1	2		12	2		14	14			
Alberni—																						
Alberni	1		1		3	5	12	4							22	4		26	13	13		
Bella Coola—																						
Bella Coola	3		1		2	1	4	1						10	18	4		22	17	5		
Carbo—																						
Barkerville		1						1			1	1			3	1		4	2	2		
East George	9	2	4		7	19	11	5	1	3	2			3	37	29		66	19	47		3
Tete Jaune Cache	1					1	1	5	1					2	9	2		11	13		2	
Clayoquot—																						
Clayoquot																			1		1	
Clinton—																						
Clinton	1	1				5	2	2	1						9	3		12	3	9		
Fort Steele—																						
Cranbrook	13		2	3	9	22	45	29	3	6				3	101	25		126	69	57		1
Fernie	21	3	3	4	8	36	26	15	10	3	3	2		6	90	50		140	111	29		3
Greenwood—																						
Greenwood	2		2	1	4	8	14	5	4		2				31	11		42	22	20		
Grand Forks—																						
Grand Forks	6	3	3	1	1	6	15	5	5	4	1	2			34	18		52	23	29		
Golden—																						
Golden	2					3	6	2	4		1			2	14	6		20	8	12		
Kamloops—																						
Kamloops	19	1	2	3	10	44	50	15	29	19	16	7	3	1	150	69		219	109	110		
Liard—																						
Porter's Landing																						
Lardeau—																						
Beaton																						
Lillooet—																						
Lillooet	1					2	1	5		1	2		1		12	1		13	2	11		
Nicola—																						
Nicola	2			1		7	3	1	3	2					10	9		19	19			
Nelson—																						
Nelson	14	1	2	2	7	36	29	20	12	7	5	2		4	97	44		141	96	45		3
New Westminster—																						
New Westminster City	36	10	15	11	18	51	79	43	31	35	25	12	1		208	159		367	250	117		16
Burnaby	10	3	4		6	8	9	7	2	9	6				32	32		64	34	30		3
Chilliwack	8	1	1	1	6	8	4	6	5	10	5	3		1	26	33		59	39	20		5
Outside	24	5	6	10	12	56	56	26	22	24	21	12	1		217	58		275	167	108		3
Nanaimo—																						
Nanaimo City	18	4	5	6	18	37	46	26	19	18	7	13	1	6	137	87		224	99	125		1
Alert Bay	2		1		2	2	9	3	1	1		1	1		17	6		23	14	9		1
Comox	12	1	4	1	6	20	38	19	14	12	3	1	1	4	105	31		136	83	53		1
Ladysmith	7	1	2	1	11	7	6	7	4	1					30	17		47	30	17		
Osoyoos—																						
Fairview	4	3	1	1	2	9	14	5	1	5	4	1		1	36	15		51	24	27		
Omineca—																						
Hazelton	8	1	1	1	2	6	9	3	4	3	2				32	8		40	21	19		1
Fort Fraser	3				3	6	2	2	2	3					16	5		21	6	15		1
Portland Canal—																						
Stewart						1	1	1							3			3	3			
Peace River—																						
Fort St. John							1								1			1	2		1	
Hudson Hope																						
Peace Coupe						3	1	4	1						6	3		9	4	5		
Quesnel—																						
Quesnel						3	1	1			1				3	3		6	5	1		
150-Mile House	1	2				4					1	1			4	5		9	5	4		
Quatsino—																						
Quatsino						1	1				1			1	3	1		4	4			
Queen Charlotte—																						
Queen Charlotte City	1				1		6	1		1				11	21			21	9	12		
Revelstoke—																						
Revelstoke	8	1	3	1	2	13	11	13	8	6	3				48	21		69	45	24		1
Similkameen—																						
Princeton	5	1	1	1	3	8	15	3	1	2	2	1			35	8		43	13	30		1
Slocan—																						
New Denver	1				1	6	14	6	6	2	2			1	33	6		39	11	28		
Slocan City—																						
Slocan City		1			1										1	1		2	3		1	
Stikine—																						
Telegraph Creek	1														1			1	4		3	
Skeena—																						
Prince Rupert	13	3	4	2	4	24	46	20	8	4	1	1	1	1	105	27		132	53	79		
Anyox	3	1			4	22	24	8	2	1					61	4		65	12	53		1

TABLE OF DEATHS, SHOWING DISTRICT AND AGE, FOR YEAR JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Concluded.*

Mining Division.	Under 1 year, including still-born.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, July, 1918, to June, 1919.	Total, July, 1917, to June, 1918.	Increase.	Decrease.	Still-born.
Trail Creek—																						
Rossland	7	1	1	1	11	8	25	11	2	2	4	1	..	1	47	28	..	75	23	52	..	...
Trail	6	1	6	3	5	27	27	9	6	2	1	2	2	1	82	16	..	98	28	70	..	2
Trout Lake—																						
Trout Lake	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..	...
Vernon—																						
Vernon (includes Summerland)	22	2	13	4	12	18	20	12	13	15	9	3	..	1	88	56	..	144	96	48	..	3
Vancouver—																						
Vancouver City	297	42	65	43	122	401	551	265	186	160	108	35	7	12	1410	884	..	2294	1272	1022	..	77
North Vancouver	22	6	6	3	7	10	18	13	8	8	4	1	..	.	60	46	..	106	44	62	..	10
North Vancouver District	2	2	1	1	2	2	6	1	1	2	2	.	..	..	14	8	..	22	10	12	..	...
South Vancouver	30	7	11	8	15	33	43	28	18	14	20	3	..	..	117	113	..	230	90	140	..	9
West Vancouver	2	...	...	...	...	1	...	...	...	1	4	...	...	...	5	3	..	8	3	5	.	...
Point Grey	8	2	1	2	...	13	21	10	17	16	9	4	..	..	62	41	..	103	49	54	..	2
Richmond	6	2	2	2	4	5	6	5	8	3	2	...	1	..	35	11	..	46	34	12	..	3
Unorganized	7	2	1	1	4	9	20	14	3	1	1	...	..	2	49	16	..	65	19	46	..	1
Victoria—																						
Victoria City	82	8	10	13	19	111	113	80	64	61	53	30	4	4	406	246	..	652	515	137	..	29
Cowichan	7	...	3	2	2	6	13	4	7	3	8	5	..	1	44	17	..	61	41	20	..	...
Esquimalt	7	1	...	...	2	12	8	2	3	2	3	1	..	..	30	11	..	41	34	7	..	4
Ganges*	...	...	...	...	...	...	...	...	...	1	...	...	..	..	...	1	..	1	...	1	..	...
Oak Bay	4	...	...	...	...	2	1	1	2	4	5	...	..	..	10	9	..	19	12	7	..	1
Saanich	6	...	2	1	4	5	14	5	3	6	10	6	..	2	39	25	..	64	42	22	..	2
Windermere—																						
Wilmer	1	...	...	...	...	1	2	...	...	...	...	...	..	.	2	2	..	4	3	1	..	..
Yale—																						
Yale	1	...	1	...	1	1	1	1	...	...	...	1	..	1	4	4	..	8	6	2	..	...
Totals	778	126	191	135	364	1160	1505	777	548	486	364	155	24	83	4347	2349	..	6696	3822	2886	12	188

* Two months of 1919 only.

NUMBER OF MARRIAGES, JULY, 1918, TO JUNE, 1919.

Division or Group.	Number.		Division or Group.	Number.	
Victoria Division.			*Brought forward*		2,338
Victoria City	405		*Fairview Group.*		
Cowichan	10		Fairview	25	
Esquimalt	16		Greenwood	3	
Ganges	..		Grand Forks	19	
Oak Bay	13		Kamloops	57	
Saanich	19		Nicola	8	
		463	Princeton	2	
Nanaimo Division.			Vernon	71	
					185
Nanaimo	79		*Alberni Group.*		
Alert Bay	3				
Comox	26		Alberni	11	
Ladysmith	10		Anyox	10	
		118	Atlin	1	
Vancouver Division.			Bella Coola	10	
			Clayoquot	1	
Vancouver City	1,272		Fort Fraser	8	
South Vancouver	116		Hazelton	10	
Point Grey	43		Fort St. John	..	
North Vancouver City	42		Hudson Hope	..	
North Vancouver District	4		Pouce Coupe	7	
West Vancouver	3		Porter's Landing	..	
Richmond	8		Prince Rupert	48	
Vancouver (outside)	4		Quatsino	..	
		1,492	Queen Charlotte	7	
New Westminster Division.			Stewart	1	
			Telegraph Creek	..	
New Westminster City	128				114
Burnaby	23		*Beaton Group.*		
Chilliwack	24				
New Westminster (outside)	47		Beaton	..	
		222	Cranbrook	28	
Ashcroft Group.			Fernie	47	
			Golden	11	
Ashcroft	9		Kaslo	3	
Barkerville	..		Nakusp	2	
Fort George	22		Nelson	54	
Tete Jaune Cache	1		New Denver	4	
Clinton	2		Revelstoke	19	
Lillooet	5		Rossland	11	
Quesnel	4		Slocan City	..	
150-Mile House	..		Trail	12	
Yale	..		Trout Lake	..	
		43	Wilmer	1	
					192
Carried forward		2,338	Grand total		2,829

Two months of 1919 only

MARRIAGES, JULY, 1918, TO JUNE, 1919 (INCLUSIVE).

BRIDEGROOM AND BRIDE BORN IN THE SAME COUNTRY.

Country.	Total.	Country.	Total.
Austria	6	*Brought forward*	755
British Columbia	131	Japan	14
British West Indies	1	Norway	3
Canada	235	Newfoundland	3
China	14	Poland	1
England	317	Russia	7
Finland	9	Scotland	90
Galicia	2	Sweden	9
Germany	2	Syria	1
Greece	1	United States of America	264
Hungary	2	Wales	3
Ireland	7	Not given	6
Italy	27		
Iceland	1		
Carried forward	755	Total	1,156

MARRIAGES, JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES.

PLACE OF BIRTH.		Total.
Groom.	Bride.	
Scotland	Australia	1
"	British Columbia	36
"	Canada	45
"	Chili	1
"	England	40
"	Finland	1
"	Holland	1
"	Ireland	9
"	Newfoundland	1
"	United States of America	15
"	Wales	1
Total		151
Wales	Austria	1
"	British Columbia	5
"	Canada	3
"	England	9
"	Ireland	1
"	Scotland	2
"	United States of America	1
Total		22
Ireland	Australia	1
"	British Columbia	10
"	Belgium	2
"	Canada	15
"	England	19
"	Falkland Isles	1
"	Holland	1
"	Scotland	10
"	United States of America	7
Total		66
United States of America	Australia	3
"	Bohemia	1
"	Belgium	2
"	British Columbia	78
"	Canada	102
"	Denmark	1
"	England	66
"	Finland	1
"	France	1
"	Germany	3
"	Holland	1
"	Ireland	7
"	Isle of Man	1
"	Norway	4
"	Russia	1
"	Scotland	21
"	Sweden	4
"	Sandwich Isles	1
"	South Africa	1
"	Wales	1
Total		300
British Columbia	Australia	1
"	Belgium	1
"	Canada	48
"	England	49
"	Germany	1
"	Ireland	1
"	Newfoundland	1
"	Norway	1
"	Russia	1
"	Scotland	13
"	Sweden	1
"	United States of America	34
"	Wales	4
Total		156

PLACE OF BIRTH.		Total.
Groom.	Bride.	
Canada	Australia	6
"	Austria	1
"	British Columbia	106
"	Belgium	1
"	England	110
"	France	3
"	Germany	2
"	Holland	1
"	Ireland	13
"	Norway	1
"	Newfoundland	2
"	Orkney Isles	1
"	Russia	3
"	Sandwich Isles	1
"	Scotland	43
"	Sweden	3
"	South Africa	1
"	United States of America	108
"	Wales	1
Total		407
England	Australia	9
"	Austria	1
"	Belgium	2
"	British Columbia	94
"	Canada	97
"	Channel Isles	2
"	Dutch Guiana	1
"	Germany	1
"	Iceland	1
"	India	1
"	Ireland	10
"	Isle of Man	1
"	New Zealand	1
"	Newfoundland	1
"	Scotland	64
"	South Africa	3
"	Switzerland	1
"	Sweden	1
"	United States of America	42
"	Wales	4
Total		337
Argentine	Canada	1
Australia	British Columbia	2
"	Canada	6
"	England	2
"	Japan	1
"	Scotland	1
Austria	British Columbia	1
"	England	4
"	Russia	2
"	United States of America	3
Belgium	England	2
"	France	2
"	United States of America	3
British West Indies	British Columbia	2
"	Canada	1
Chili	England	1
China	British Columbia	1
"	Scotland	1
Denmark	Canada	2
"	Germany	1
"	Sweden	3
"	United States of America	1
France	British Columbia	1
"	Canada	3
"	England	1
"	Italy	1
"	Scotland	1
"	United States of America	2
Finland	British Columbia	1
Galicia	United States of America	2
Carried forward		55

MARRIAGES, JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES—*Concluded.*

PLACE OF BIRTH.		Total.	PLACE OF BIRTH.		Total.
Groom.	Bride.		Groom.	Bride.	
Brought forward		55	*Brought forward*		144
Germany	British Columbia	1	Norway	British Columbia	8
"	England	3	"	Canada	2
"	Ireland	2	"	Denmark	3
"	United States of America	3	"	England	4
Greece	British Columbia	1	"	Scotland	3
"	Canada	2	"	Sweden	3
"	England	3	"	Shetland Isles	1
"	Macedonia	1	"	United States of America	7
"	United States of America	3	"	Wales	1
Holland	British Columbia	1	Phillipines	Canada	1
"	Ireland	2	Poland	United States of America	1
"	Norway	1	Russia	British Columbia	1
Iceland	England	1	"	Canada	1
Isle of Man	Canada	1	"	England	3
"	England	1	"	Finland	1
"	Scotland	1	"	Poland	3
India	British Columbia	2	"	Scotland	1
"	England	1	Switzerland	British Columbia	2
Italy	Austria	1	"	England	1
"	British Columbia	9	Sweden	British Columbia	4
"	Bohemia	1	"	Belgium	1
"	Canada	6	"	Canada	3
"	England	6	"	Denmark	1
"	France	4	"	England	12
"	Newfoundland	1	"	Germany	1
"	Scotland	1	"	Norway	1
"	United States of America	1	"	Scotland	2
Japan	British Columbia	2	"	United States of America	10
"	Canada	2	Servia	Germany	1
"	Hawaii	1	"	Italy	1
"	United States of America	1	Shetland Isles	Scotland	1
Mexico	England	1	South Africa	British Columbia	1
"	United States of America	1	"	England	1
Macedonia	England	1	Uruguay	England	1
Newfoundland	Canada	3	Not given	Canada	2
"	England	8			
"	Scotland	1	Total		234
"	United States of America	3			
New Zealand	British Columbia	1			
"	Canada	3	Bride and groom born in same country		1,156
"	England	1	Bride and groom born in different countries		1,673
Carried forward		144	Number of marriages		2,829

BRIDEGROOM AND BRIDE OF THE SAME DENOMINATION.

Religion.	Total.	Religion.	Total.
Adventist	7	*Brought forward*	585
Anglo-Catholic	2		
Baptist	45	Lutheran	63
Brethren	5	Methodist	198
Buddhist	6	New Thought	4
Christian	10	Ordinary Eastern Catholic	1
Christian Science	12	Presbyterian	377
Christadelphian	2	Protestant	36
Church of England	466	Reformed Episcopal	1
Confucian	8	Roman Catholic	177
Congregational	7	Salvation Army	3
Dunkard	1	Shintoism	2
Freethinker	1	Spiritualist	1
Greek Catholic	5	Unitarian	1
Holiness Movement	1	None	7
Jewish	7	Not given	10
Carried forward	585	Total	1,466

MARRIAGES, JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS.

Bridegroom.	Bride.	Total.	
Adventist	Baptist	1	
"	Church of England	3	
"	Presbyterian	4	
"	Roman Catholic	1	
			9
Anglo-Catholic	Presbyterian	1	
			1
Baptist	Christian Science	2	
"	Christadelphian	1	
"	Church of England	25	
"	Congregational	2	
"	Disciples	1	
"	Lutheran	1	
"	Methodist	28	
"	Presbyterian	28	
"	Protestant	3	
"	Roman Catholic	10	
			101
Brethern	Apostolic Faith	1	
"	Church of England	1	
"	Reformed Episcopal	1	
			3
Buddhist	Methodist	2	
			2
Cambellite	Presbyterian	1	
			1
Christadelphian	Methodist	1	
			1
Christian	Baptist	1	
"	Brethren	1	
"	Christian Adventist	1	
"	Church of England	8	
"	Methodist	3	
"	Protestant	2	
"	Presbyterian	3	
"	Roman Catholic	1	
			20
Christian Science	Methodist	1	
"	Not given	1	
"	Presbyterian	1	
"	Roman Catholic	2	
			5
Church of Ireland	Presbyterian	1	
			1
Church of England	Adventist	1	
"	Baptist	29	
"	Brethren	1	
"	Christian	2	
"	Christian Science	2	
"	Congregational	10	
"	Jewish	1	
"	Lutheran	6	
"	Methodist	79	
"	Nonconformist	1	
"	Presbyterian	136	
"	Protestant	6	
"	Protestant Episcopal	1	
"	Reformed Episcopal	1	
"	Roman Catholic	54	
"	Salvation Army	4	
"	Unitarian	1	
			335
Congregational	Baptist	2	
"	Buddhist	1	
"	Church of England	9	
"	Christian	1	
"	Christian Science	1	
"	Methodist	6	
"	Presbyterian	9	
"	Roman Catholic	3	
			32
Dunkards	Baptist	1	
			1
Disciples of Christ	Church of England	1	
"	Presbyterian	1	
			2
Evangelical	Salvation Army	1	
			1
Free Church	Baptist	1	
			1
Greek Church	Church of England	5	
"	Lutheran	2	
"	Methodist	3	
Carried forward		10	516

Bridegroom.	Bride.	Total.	
Brought forward		10	516
Greek Church—*Con.*	Orthodox	1	
"	Presbyterian	1	
"	Roman Catholic	2	
			14
Jewish	Church of England	1	
"	Methodist	3	
"	Roman Catholic	2	
			6
Lutheran	Adventist	1	
"	Baptist	9	
"	Church of England	17	
"	Christian	2	
"	Congregational	3	
"	Methodist	14	
"	Not given	2	
"	Presbyterian	11	
"	Roman Catholic	12	
"	Salvation Army	1	
			72
Methodist	Adventist	2	
"	Brethren	3	
"	Buddhist	2	
"	Baptist	23	
"	Christian	5	
"	Church of Christ	1	
"	Congregational	5	
"	Church of England	78	
"	Jewish	3	
"	Lutheran	5	
"	Mormon	1	
"	Presbyterian	63	
"	Protestant	3	
"	Reformed Evangelical	1	
"	Reformed Episcopal	1	
"	Quaker	1	
"	Roman Catholic	22	
"	Salvation Army	2	
"	Unitarian	1	
			222
Mennonite	Church of England	1	
"	Presbyterian	1	
			2
New Thought	Church of England	2	
			2
Nonconformist	Protestant	1	
			1
None	Christian	2	
"	Church of England	4	
"	Dutch Reformed	1	
"	Methodist	2	
"	Presbyterian	5	
"	Roman Catholic	4	
"	Theosophist	1	
			19
Not given	Baptist	1	
"	Church of England	1	
"	Methodist	3	
"	Presbyterian	1	
"	Roman Catholic	2	
			8
Presbyterian	Adventist	3	
"	Anglo-Catholic	1	
"	Baptist	34	
"	Brethren	1	
"	Christian	5	
"	Christian Science	3	
"	Christadelphian	2	
"	Church of England	147	
"	Congregational	6	
"	Dutch Reformed	1	
"	Greek Catholic	1	
"	Jewish	1	
"	Lutheran	7	
"	Methodist	76	
"	Mormon	1	
"	None	2	
"	Protestant	1	
"	Quaker	1	
"	Reorganized Church of Christ	1	
"	Roman Catholic	28	
Carried forward		322	862

MARRIAGES, JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Concluded.*

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS—*Concluded.*

Bridegroom.	Bride.	Total.	
Brought forward		322	862
[illegible]	Russian Church	1	
	Salvation Army	2	
		—	325
Protestant	Baptist	3	
	Christian	1	
	Christian Science	3	
	Church of England	6	
	Congregational	1	
	Lutheran	3	
	Methodist	4	
	Presbyterian	8	
	Roman Catholic	4	
	Salvation Army	1	
			34
Roman Catholic	Adventist	4	
"	Baptist	13	
"	Christian	3	
"	Christian Science	1	
"	Church of England	47	
"	Congregationalist	2	
"	Lutheran	3	
"	Methodist	19	
"	None	4	
Carried forward		96	1,221

Bridegroom.	Bride.	Total.	
Brought forward		96	1,221
Roman Catholic—*Con.*	Presbyterian	27	
"	Protestant	6	
		—	129
Russian Orthodox	Church of England	1	
"	Roman Catholic	1	
		—	2
Reformed	Methodist	1	
		—	1
Reorganized Church of Christ	Baptist	1	
		—	1
Scotch Episcopal	Methodist	1	
		—	1
Salvation Army	Church of England	1	
"	Methodist	1	
		—	2
Theosophist	United Brethren	1	
		—	1
Undenominational	Presbyterian	1	
		—	1
Unitarian	Church of England	3	
"	Presbyterian	1	
		—	4
Total			1,363
Bridegroom and bride of same denomination			1,466
Total marriages			2,829

The immediately following tables refer to Indians exclusively:—

Agency.	Registrations of Births, July, 1918, to June, 1919.			Total Registrations.		Births, July, 1918, to June, 1919.			Total Births.	
	Male.	Female.	Sex not given.	July, 1918, to June, 1919.	January to June, 1918.	Male.	Female.	Sex not given.	July, 1918, to June, 1919.	January to June, 1918.
Cowichan	23	23	..	46	..	5	8	..	13	..
West Coast	11	8	..	19	12	11	6	..	17	6
Babine	4	4	..	8	9	3	3	..	6	1
Bella Coola	5	4	..	9	12	1	.	..	1	7
Kamloops	37	48	..	85	34	8	12	..	20	2
Kootenay	5	9	..	14	22	3	7	..	10	..
Lytton	29	42	..	71	27	26	37	..	63	20
Nass	10	12	..	22	10	5	7	..	12	10
New Westminster	..	.	..	..	2	..	..	..	..	2
Okanagan	9	13	4	26	..	1	2	2	5	..
Queen Charlotte	10	12	..	22	16	9	11	..	20	14
Stikine	8	5	..	13	10	6	5	..	11	4
Stuart Lake	17	14	..	31	48	9	8	..	17	13
Williams Lake	10	4	..	14	..	10	4	..	14	..
Kwawkewlth	..	..	..	..	2	..	..	..	..	2
Totals	178	198	4	380	204	97	110	2	209	89

PRELIMINARY TABLES SHOWING INDIAN BIRTHS BY DIVISIONS.

Agency.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Cowichan	..	..	..	..	..	..	18	..	21	..	1	6	46
West Coast	1	1	..	1	..	2	1	2	3	6	1	1	19
Babine	..	..	2	..	..	..	..	2	..	1	1	2	8
Bella Coola	1	..	..	..	..	..	4	4	..	..	..	..	9
Kamloops	..	..	..	..	..	..	..	60	7	..	..	18	85
Kootenay	1	2	..	1	1	..	1	2	3	1	2	..	14
Lytton	..	..	..	2	38	8	..	6	3	5	1	8	71
Nass	..	..	1	..	..	..	..	..	13	4	4	..	22
New Westminster	..	..	..	..	..	..	..	..	..	.	..	..	..
Okanagan	..	..	..	..	..	..	..	16	7	..	1	2	26
Queen Charlotte	3	2	..	..	..	5	2	3	2	1	2	2	22
Stikine	1	..	..	4	..	..	..	4	2	1	1	..	13
Stuart Lake	4	..	5	..	1	2	7	..	..	1	6	5	31
Williams Lake	..	..	..	..	..	.	..	..	..	..	..	14	14
Kwawkewlth	..	..	..	..	..	..	..	..	.	..	..	..	..
Totals	11	5	8	8	40	17	33	99	61	20	20	58	380

REGISTRATIONS OF DEATHS IN AGENCIES.

Agency.	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Total, July, 1918, to June, 1919.	Total, Jan. to June, 1918.	Total, Year 1917.
Cowichan—Duncan	7	9	12	5	11	10	6	5	...	1	4	9	....	3	41	41	82	....	55
West Coast—Alberni	6	6	5	4	13	9	6	1	1	4	6	5	1	4	35	36	71	31	35
Babine—Hazelton	1	....	1	3	4	18	7	8	4	6	6	1	2	....	29	32	61	6	12
Bella Coola—Bella Coola	13	5	10	6	12	7	7	3	....	5	1	1	....	1	32	39	71	21	20
Kamloops—Kamloops	33	13	8	9	19	56	30	14	6	16	7	9	....	7	111	116	227	8	29
Kootenay—Fort Steele	3	3	2	7	8	8	3	1	1	2	4	....	....	1	19	24	43	18	31
Lytton—Lytton	40	1	7	6	21	25	20	17	3	8	6	11	....	....	81	84	165	16	49
Nass—Prince Rupert	6	1	6	2	8	13	5	8	1	4	5	....	....	....	22	37	59	21	15
N. Westminster—N. Westminster	1	....	1	....	1	4	7	1	....	2	....	....	....	....	7	10	17	4	25
Okanagan—Vernon	4	....	2	3	12	14	5	2	3	4	4	2	5	1	28	33	61	....	....
Queen Charlotte—Masset	3	2	2	1	3	3	6	2	4	4	1	....	....	....	14	17	31	7	8
Stikine—Telegraph Creek	1	....	2	1	2	....	1	....	2	2	....	....	....	....	7	4	11	8	6
Stuart Lake—Fort Fraser	13	5	16	11	24	12	13	14	3	6	1	5	....	....	54	69	123	20	20
Williams Lake—Clinton	1	..	....	..	....	....	....	....	....	....	....	....	....	....	1	....	1	....	....
Kwawkewlth—Alert Bay	1	1	1	3	2	8	1	2	1	1	....	1	1	....	11	12	23	11	5
Totals	133	46	75	61	140	187	117	78	29	65	45	44	9	17	492	554	1046	171	310

PRELIMINARY TABLES SHOWING DEATHS FOR DIVISIONS BY MONTHS.

(For comparative purposes, corresponding months of different years are shown side by side.)

Agency.	1917.							1918.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Cowichan	3	8	3	6	5	3	28	2	3	3	8	13	11	40
West Coast	2	7	2	5	1	5	22	2	2	3	18	15	10	50
Babine	..	3	1	..	..	..	4	3	3	1	22	21	..	50
Bella Coola	..	4	2	4	..	..	10	3	..	..	..	2	26	31
Kamloops	5	2	5	..	..	..	12	..	..	..	..	..	..	..
Kootenay	..	3	2	3	..	6	14	3	..	..	..	19	2	24
Lytton	..	4	3	2	3	..	12	7	2	2	6	108	4	129
Nass	2	..	3	2	..	..	7	..	2	1	2	17	1	23
New Westminster	1	..	3	2	2	1	9	1	1	..	4	8	1	15
Okanagan	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queen Charlotte	1	1	1	1	..	..	4	2	3	1	5	12	5	28
Stikine	1	1	..	3	1	..	6	..	..	..	4	2	..	6
Stuart Lake	2	2	..	1	..	2	7	2	1	1	2	10	17	33
Williams Lake	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kwawkewlth	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Totals	17	35	25	29	12	18	136	25	17	12	71	227	77	429

Agency.	1918.							1919.						
	Jan.	Feb.	Mar.	April.	May.	June.	Total.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Cowichan	..	..	..	..	..	..	..	12	3	8	7	8	4	42
West Coast	4	5	6	9	2	5	31	9	3	2	6	..	1	21
Babine	..	4	..	..	..	2	6	..	2	5	1	2	1	11
Bella Coola	10	1	2	..	7	1	21	..	34	1	4	1	..	40
Kamloops	..	..	8	..	..	..	8	..	207	13	..	3	4	227
Kootenay	3	4	1	5	3	2	18	10	3	1	2	1	2	19
Lytton	5	1	3	..	1	6	16	8	12	8	4	1	3	36
Nass	..	16	4	..	..	1	21	1	8	19	2	6	..	36
New Westminster	..	1	1	1	..	1	4	..	2	..	..	..	..	2
Okanagan	..	..	..	..	..	..	..	..	44	11	..	2	4	61
Queen Charlotte	1	..	2	2	..	2	7	..	..	1	1	1	..	3
Stikine	3	2	..	2	1	..	8	..	2	..	..	1	2	5
Stuart Lake	..	4	2	11	1	2	20	24	13	21	11	18	3	90
Williams Lake	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Kwawkewlth	3	5	..	3	..	..	11	..	16	2	3	1	1	23
Totals	29	43	29	33	15	22	171	64	349	92	41	45	26	617

PRELIMINARY TABLE SHOWING TOTAL DEATHS AND PERCENTAGE IN BAND.

Indian Band.	General Diseases.	Nervous System.	Circulatory System.	Respiratory System.	Digestive System.	Non-venereal, Genito-urinary System.	Puerperal State.	Skin and Cellular Tissue.	Bones and Organs of Locomotion.	Malformation.	Early Infancy.	Still-born.	Old Age.	External Causes.	Ill-defined.	Total.	No. in Band.	Per Cent. of Loss.
Babine	22	1	2	1	....	.....	1	....	.....	....	1	...	1	2	30	61	1,926	3.16
Bella Coola	51	2	...	7	1	....	....	....	.....	....	1	....	1	1	7	71	1,529	4.64
Cowichan	35	1	....	22	1	1	....	....	.....	....	7	...	11	1	3	82	1,713	4.20
Kamloops	212	....	....	4	....	.....	1	1	.....	....	....	....	1	4	4	227	2,296	9.88
Kootenay	24	...	2	13	....	.....	....	....	.....	....	....	....	1	2	1	43	576	7.46
Kwawkewlth	19	1	...	1	...	1	....	....	.....	....	....	....	....	....	1	23	1,134	2.02
Lytton	133	3	2	8	....	.....	....	....	.....	....	2	...	7	2	8	165	2,238	7.37
Nass	31	1	4	13	2	1	1	....	.....	....	1	....	2	1	2	59	1,840	3.20
New Westminster	6	....	....	10	....	.....	1	....	.....	....	....	....	....	....	....	17	2,422	0.75
Okanagan	30	....	....	17	....	.....	....	1	.....	....	....	....	4	3	6	61	872	7.00
Queen Charlotte	18	....	....	6	1	1	....	....	.....	....	2	....	1	1	1	31	600	5.16
Stikine	4	....	1	4	....	.....	....	....	.....	....	....	....	....	....	2	11	675	1.63
Stuart Lake	72	....	....	36	....	.....	1	....	.....	....	3	....	1	....	10	123	1,421	8.72
West Coast	44	1	....	7	....	1	1	....	.....	....	....	....	4	1	12	71	1,773	4.00
Williams Lake	....	....	....	....	....	.....	....	....	.....	....	....	....	....	....	1	1	1,229	....
Totals	701	10	11	149	5	5	6	2	.....	...	17	....	34	18	88	1,046	22,244	4.70

NOTE.—To the above must be added 2,500, classed as "Nomads," of whom there is no record.

PRELIMINARY TABLES SHOWING DEATHS FROM SPECIFIED DISEASES.

Indian Band.	Typhoid Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Tuberculosis. (All forms).	Cancer (All forms).	Bronchitis.	Broncho-pneumonia.	Pneumonia.	Pneumonia following Influenza.	Diarrhœa and Enteritis.	Total.
Babine	..	..	..	..	1	..	14	7	..	..	..	..	1	..	23
Bella Coola	..	..	..	..	11	..	31	8	..	..	..	..	7	..	57
Cowichan	..	..	1	..	..	..	13	20	..	1	2	4	15	..	56
Kamloops	..	..	..	..	..	..	207	5	..	1	..	1	2	..	216
Kootenay	..	..	..	..	..	..	16	8	..	1	..	6	6	..	37
Kwawkewlth	..	..	..	..	..	..	10	8	..	..	..	1	..	..	19
Lytton	..	..	..	..	..	..	109	17	..	..	1	2	5	..	134
Nass	..	..	..	..	..	..	14	15	..	1	..	..	12	2	44
New Westminster	..	..	..	..	..	..	1	4	..	..	..	7	3	..	15
Okanagan	..	..	..	..	..	..	17	12	..	..	..	1	16	..	46
Queen Charlotte	..	..	..	..	1	..	12	5	..	..	..	2	4	..	24
Stikine	..	..	..	..	..	..	1	2	..	..	..	4	..	..	7
Stuart Lake	..	..	..	..	..	..	63	13	..	..	..	..	52	..	128
West Coast	..	..	..	..	1	..	34	8	..	..	..	2	5	..	50
Williams Lake	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	1	..	14	..	542	132	..	4	3	30	128	2	856

MARRIAGES, JULY, 1918, TO JUNE, 1919.

Denomination.	Number of Marriages.	Denomination.	Number of Marriages.
Episcopalian	22	Methodist and Episcopalian	1
Methodist	30	Roman Catholic and Methodist	5
Roman Catholic	89	Episcopalian and Roman Catholic	1
Salvationist	1	Methodist and Band of Workers	1
Total	142	Total	8

Total marriages, 150.

PRELIMINARY TABLES SHOWING INDIAN MARRIAGES BY DIVISIONS.

Agency.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Cowichan	..	..	..	..	..	..	9	1	..	..	1	2	13
West Coast	..	..	..	1	..	..	1	1	..	..	..	..	3
Babine	..	5	..	..	..	..	1	..	..	..	..	..	6
Bella Coola	..	..	..	2	..	..	..	..	..	..	1	..	3
Kamloops	..	..	..	..	..	..	..	23	..	3	..	4	30
Kootenay	..	..	..	..	..	..	..	1	..	2	..	2	5
Lytton	1	..	1	2	1	..	..	..	1	10	..	3	19
Nass	..	..	5	1	..	..	7	2	..	..	8	..	23
New Westminster	3	..	..	..	..	..	..	..	..	2	2	1	8
Okanagan	..	..	..	..	..	..	..	14	..	..	2	..	16
Queen Charlotte	..	..	..	..	..	..	1	2	.	2	..	1	6
Stikine	..	..	..	..	..	..	..	..	..	..	..	..	..
Stuart Lake	1	..	..	..	..	2	..	..	..	3	..	3	9
Williams Lake	..	..	..	..	..	..	..	..	..	..	..	..	..
Kwawkewlth	..	..	..	..	..	..	..	1	1	..	7	..	9
Totals	5	5	6	6	1	2	19	45	2	22	21	16	150

CAUSES OF DEATH, JULY, 1918,

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—VICTORIA CITY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
8	Whooping-cough	....	1	....	....	1	....
10	Influenza	4	....	1	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
28A	Tubercular laryngitis	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	....	....	1	....	....	....
31	Abdominal tuberculosis	....	....	....	....	....	....
33	White swellings	....	....	....	....	....	....
33A	Tuberculosis of joint	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....
34A	Fibroid phthisis	....	....	....	....	....	....
34B	Tuberculosis of bowels	....	....	....	....	....	....
39A	Cancer of face	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
44A	Cancer of lung	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....
45A	Cancer of bladder	....	....	....	....	....	....
46	Other tumours (tumors of the female genital organs excepted)	....	....	....	....	1	....
47	Acute articular rheumatism and gout	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	....	2	....
63	Other diseases of the spinal cord	....	....	....	....	....	....
63A	Acute anterior poliomyelitis	1	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
71	Convulsions of infants	3	2	....	....	....	....
74	Other diseases of the nervous system	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78B	Cardiac dropsy	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79A	Cardiac paralysis	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
79G	Mitral stenosis	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
84B	Hodgkin's disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
88A	Capillary bronchitis following influenza	....	....	....	....	....	....
89	Acute bronchitis	....	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	....	....	3	....	....	1
92	Pneumonia	3	5	1	....	1	....
92A	Lobar	....	....	....	....	....	....
92B	Following operation	....	....	....	....	....	....
92C	Septic pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	3	1	2	....	1	1
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
97	Pulmonary emphysema	....	....	....	....	....	....
98	Other organs of the respiratory system (tuberculosis excepted)	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	1	2	....	....	....	....
103A	Gastritis	1	....	....	....	....	....

TO JUNE (INCLUSIVE), 1919.

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	1	3
2	....	....	1	4	5	6	1	....	1	....	1	1	....	....	1	....	....	....	....	....	....	18	10	28
....	....	....	....	....	....	....	1	....	....	....	....	....	....	1	....	....	....	....	....	....	....	1	1	2
....	....	1	1	8	4	4	1	4	2	5	....	2	1	....	....	....	....	....	....	....	....	24	9	33
....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	1	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	3
....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	2
....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	1	1
....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
1	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	3
....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	....	....	2	2	4	6	5	3	3	2	3	....	1	....	....	....	....	13	18	31
....	....	....	....	....	....	1	....	....	....	....	2	....	....	....	....	....	....	....	....	....	....	1	2	3
....	....	....	....	....	....	....	....	....	4	1	....	....	....	....	1	....	....	....	....	....	....	1	5	6
....	....	....	....	....	....	....	....	....	2	....	2	....	1	....	2	....	....	....	....	....	....	....	7	7
....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	1	1
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	1	....	1
....	....	....	....	....	....	1	....	1	....	....	....	1	....	....	....	....	....	....	....	....	....	3	....	3
....	....	....	....	....	....	....	....	....	....	....	1	....	....	4	....	....	....	....	....	....	....	4	1	5
....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	2
....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
....	....	....	....	....	....	....	....	1	....	....	....	1	1	....	....	....	....	....	....	....	....	2	1	3
....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
....	....	....	....	....	....	1	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	3	....	3
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	1	4
....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	....	1	3	4	2	2	1	3	1	4	....	1	....	1	....	....	....	16	7	23
....	....	....	2	....	1	....	....	....	....	....	....	2	1	1	2	1	....	....	....	....	....	4	6	10
....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	3	6
....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	....	....	....	....	....	....	1	1	....	1	....	....	....	....	....	....	....	2	1	3
....	....	....	1	1	2	1	....	1	1	....	....	1	....	....	....	....	....	....	....	....	....	4	4	8
....	....	....	....	....	1	....	....	....	....	....	1	1	....	....	1	....	....	....	....	....	....	1	3	4
....	....	....	....	....	1	....	....	1	....	2	....	4	2	....	2	3	1	....	....	....	....	10	6	16
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	1	....	1
....	....	....	....	....	....	1	....	....	1	1	....	1	....	1	1	1	....	....	....	....	....	5	2	7
....	....	....	....	....	....	....	....	....	....	1	....	....	....	1	....	....	....	....	....	....	....	2	....	2
....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	....	....	....	1	....	2	....	....	1	....	....	....	1	....	....	....	....	3	2	5
....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	2	....	2
....	....	....	....	....	2	....	....	....	1	....	....	2	....	....	1	....	2	1	....	....	....	3	3	6
....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	1
....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	1
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....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	2	....	2
1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	5	1	6
2	....	....	....	6	5	2	1	1	....	3	2	3	1	4	1	....	1	....	....	....	....	26	16	42
....	....	....	....	4	....	2	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	7	....	7
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—VICTORIA CITY—*Concluded.*	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM—*Concluded.*						
104	Diarrhœa and enteritis (under 2 years)		1				
105	Diarrhœa and enteritis (2 years and over)					1	
108	Appendicitis and typhlitis					1	
109	Hernia, intestinal obstruction						
110	Other diseases of the intestines		1				
111	Acute yellow atrophy of the liver						
113	Cirrhosis of the liver						
117	Simple peritonitis (non-puerperal)						
117A	Peritonitis appendicitis						
118	Other diseases of the digestive system (cancer and tuberculosis excepted)						
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis						
120	Bright's disease						
120A	Uræmia						
122	Other diseases of the kidneys and annexa						
123	Calculi of the urinary passages						
124A	Suppression of urine						
126	Diseases of the prostate						
129	Uterine tumour (non-cancerous)						
130	Diseases of the uterus						
130A	Cholecystitis						
	VII.—THE PUERPERAL STATE.						
135	Puerperal hæmorrhage						
140	Following childbirth (not otherwise defined)						
141A	Separation of placenta						
	VIII.—DISEASES OF THE SKIN AND CELLULAR TISSUE.						
142	Gangrene						
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
146	Diseases of the bones (tuberculosis excepted)						
147	Diseases of the joints (tuberculosis and rheumatism excepted)						
	P.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	7	1				
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	2	2				
151A	Accident of labour	1					
151B	Non-assimilation of food	1	2				
152A	Atelectasis	1					
153A	Still-born	18	11				
153B	Premature	5	2				
	XII.—OLD AGE.						
154	Senility						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison						
156	Suicide by asphyxia						
158	Suicide by drowning						
159	Suicide by firearms						
164	Poisoning by food						
169	Accidental drowning						
169A	Traumatism in logging camp and sawmill						
170	Traumatism by firearms						
172	Traumatism by fall						
174	Traumatism by machines						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
182	Homicide by firearms						
186	Other external violence						
	XIV. ILL-DEFINED DISEASES.						
187	Ill-defined organic disease						
187A	Dropsy						
189	Cause of death not specified or ill-defined						
189B	Asphyxia, accidental						
		51	31	8	...	8	2

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—COWICHAN.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
7	Scarlet fever	....	....	....	....	1	....
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30B	Cancer of throat	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
48	Chronic rheumatism	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79B	Mitral regurgitation	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
88C	Capillary bronchitis	....	1	....	....	....	....
90	Chronic bronchitis	....	1	....	....	....	....
92A	Lobar pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	1
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	1
108	Appendicitis and typhlitis	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153B	Premature	....	3	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	....	....	....	....	....	....
169	Accidental drowning	1	....	....	....	....	....
170	Traumatism by fire-arms	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
180	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		2	5	....	....	1	2
	VICTORIA DIVISION—ESQUIMALT.						
	I.—GENERAL DISEASES.						
5	Smallpox	....	....	....	....	....	....
10	Influenza	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	1	....	....
63	Other diseases of the spinal cord	....	....	....	....	....	....
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—ESQUIMALT—*Concluded.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	4	....	....	....	....	....
153B	Premature	1	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
159	Suicide by firearms	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
181	Electricity (lightning excepted)	....	....	....	....	....	....
		6	1	....	1	....	....
	VICTORIA DIVISION—GANGES.						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
		....	....	....	....	....	....
	VICTORIA DIVISION—OAK BAY.						
	I.—GENERAL DISEASES.						
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
99	Diseases of the mouth and annexa	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	1	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	....	1	....	....	....	....
153B	Premature	1	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
		2	2	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—SAANICH.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
9	Diphtheria	....	....	....	....	....	....
10	Influenza	....	....	....	....	1	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
48	Chronic rheumatism	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78B	Cardiac dropsy	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
84B	Hodgkin's disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	....	1	....	....	....	....
91	Bronchopneumonia	1	1	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	1	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	....	2	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
159	Suicide by firearms	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....
		2	4	....	....	2	....
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY.						
	I.—GENERAL DISEASES.						
6	Measles	....	....	....	....	....	....
8	Whooping-cough	1	....	....	....	....	....
9	Diphtheria	....	....	....	....	1	....
9A	Croup	....	....	....	....	....	1
10	Influenza	....	....	1	....	....	....
14	Dysentry	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	1	....	2	1
32A	Tuberculosis of spine	....	....	....	....	....	....
37	Syphilis	....	....	....	....	....	....
39D	Cancer of œsophagus	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES—*Concluded.*						
48	Chronic rheumatism	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....
51A	Goitre not specified	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	1	....	1	1	....	1
62	Locomotor ataxia	....	....	....	....	....	....
63A	Acute anterior poliomyelitis	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....
68A	Maniacal depressive insanity	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
71	Convulsions of infants	1	....	1	....	....	....
73	Neuralgia and neuritis	....	....	....	....	....	....
74	Other diseases of the nervous system	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	1
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	....	....	....	....	....	....
89	Acute bronchitis	....	1	....	....	....	....
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	1	....	1	....	2
92A	Lobar	....	....	....	....	....	....
92B	Following operation	....	....	....	....	....	....
92D	Pneumonia following influenza	3	....	1	1	1	3
92E	Hypostatic pneumonia	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
96	Asthma	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	....	1	1	....	..	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	1
109	Hernia, intestinal obstruction	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	....	....	1	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....
124A	Suppression of urine	1	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
137B	Uræmia of pregnancy	....	..	....	....	....	....
138	Puerperal albuminuria and convulsions	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
152	Other diseases peculiar to early infancy	....	1	....	....	....	....
152A	Atelectasis	1	....	....	....	....	....
153A	Still-born	7	9	..	....	....	....
153B	Premature	2	2	....	....	....	....
153C	Injury by forceps at birth	1	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY—*Concluded.*	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
159	Suicide by firearms	....	....	....	....	....	....
163	Other suicides	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.	....	....	....	....	....	....
180	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
		20	16	7	3	5	10
	NEW WESTMINSTER DIVISION—BURNABY.						
	I.—GENERAL DISEASES.						
10	Influenza	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	1	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	1	....	....	....	....	....
90	Chronic bronchitis	....	....	....	1	....	....
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	1	....	....	....	....
92A	Lobar	....	....	....	....	....	1
92D	Pneumonia following influenza	....	....	....	....	....	1
92E	Hypostatic pneumonia	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103B	Ileocolitis	....	....	1	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	1	....	....
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uraemia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....
152	Other diseases peculiar to early infancy	1	....	....	....	....	....
153A	Still-born	1	2	....	....	....	....
153B	Premature	....	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	1
		5	5	1	2	1	3

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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				1																		1		1
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CAUSES OF DEATH, JULY, 1918, TO

No.	CAUSE OF DEATH. (Abridged List—Based on International Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—CHILLIWACK.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
1A	Influenza						
9	Cellulitis, erysipelas and septicæmia						
8	Tuberculosis of the lungs						
40	Cancer and other malignant tumours of the stomach, liver						
46	Cancer and other malignant tumours of other organs, and of organs not specified						
48	Other tumours (Cancers of the female genital organs excepted)						
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral Hæmorrhage, apoplexy						
71	Convulsions	1	1				
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart		1				
79A	Valvular disease						
83	Hemorrhage						
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia						
92	Pneumonia						
92A	Lobar						
92B	Pneumonia following influenza				1		1
	V. DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction						
115	Other diseases of the liver						
	NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease						
120A	Uræmia						
	VII. THE PUERPERAL STATE.						
137	Puerperal hæmorrhage						
	XI. DISEASES OF EARLY INFANCY.						
172A	Stillborn	2	3				
	XII.—OLD AGE.						
174	Senility						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms						
169	Accidental drowning						
181	Electricity (lightning excepted)						
		5	3	...	1	..	1
	NEW WESTMINSTER DIVISION—OUTSIDE.						
	I.—GENERAL DISEASES.						
1	Typhoid fever						
10	Influenza					1	
28	Tuberculosis of the Lungs						
34B	Tuberculosis of bowels						
40	Cancer and other malignant tumours of the stomach, liver						
44A	Cancer of lung						
46	Other malignant tumours of the female genital organs excepted)						
50	Leukæmia						
54A	Anæmia, pernicious	1					
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis				1		
61A	Cerebrospinal meningitis						
63A	Acute anterior poliomyelitis						
64	Cerebral hemorrhage, apoplexy						
65	Softening of the brain						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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	1											1											2	2
				1					1			1										2	1	3
			1																				1	1
			2	2	4	2	1		2											1		5	11	16
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—OUTSIDE *Continued.*	M.	F.	M.	F.	M.	F.
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE—*Concluded.*						
66	Paralysis without specified cause						
67	General paralysis of the insane						
68	Other forms of mental alienation						
69	Epilepsy						
71	Convulsions of infants	1	1				
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis						
77A	Myocarditis						
78	Acute endocarditis						
78A	Endocarditis following rheumatism						
78B	Cardiac dropsy						
79	Organic diseases of the heart			1			
86	Angina pectoris						
81B	Aneurism						
81C	Arteriosclerosis						
85	Hæmorrhage						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	1					
91	Bronchopneumonia	2		1			
92	Pneumonia	1	2				
92A	Lobar						
92B	Pneumonia following influenza	1	1		1		1
98A	Œdema of lungs					1	
	V. DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach						
103B	Ileocolitis			1			
113	Cirrhosis of the liver						
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis						
120	Bright's disease						
120A	Uræmia						
122	Other diseases of the kidneys and annexa						
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia						
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene						
	X. MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1					
	XI. DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1					
151B	Non-assimilation of food	1					
151C	Hydrocephalus		1				
152	Other diseases peculiar to early infancy	1					
153A	Still-born	3					
153B	Premature	4	1				
	OLD AGE.						
154	Senility						
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation						
158	Suicide by drowning						
159	Suicide by firearms						
160	Suicide by cutting or piercing instruments						
164	Poisoning by food					1	
169	Accidental drowning					2	
169A	Traumatism in logging camp and sawmill						
171A	Traumatism by falling tree						
172	Traumatism by fall						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Class Section No.	CAUSE OF DEATH. (After the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—OUTSIDE—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—Affections produced by External Causes—*Concluded.*						
175A	Traumatism not specified	...	...	...	...	...	...
180	Other external violence	...	...	...	...	...	...
	XIV.—Ill-defined Diseases.						
187A	Dropsy	...	...	...	...	...	...
		18	6	3	2	5	1
	NANAIMO DIVISION.—NANAIMO CITY.						
	I.—General Diseases.						
9	Diphtheria	...	...	...	...	...	1
10	Influenza	...	...	...	...	...	...
20	Purulent infection and septicæmia	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
30	Tubercular meningitis	...	...	...	...	1	...
34	Tuberculosis of other organs	...	...	...	...	...	...
39C	Cancer of œsophagus	...	...	...	...	...	...
39D	Cancer of larynx	...	...	...	...	...	...
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...
43	Cancer and other malignant tumours of the breast	...	...	...	...	...	...
50	Diabetes	...	...	...	...	...	...
	II.—Diseases of Nervous System and Organs of Special Sense.						
61	Meningitis	...	...	...	...	...	...
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...
71	Convulsions of infants	...	...	1	...	...	...
	III.—Diseases of the Circulatory System.						
77A	Myocarditis	...	...	...	...	...	...
78	Acute endocarditis	...	...	...	...	...	...
79	Organic diseases of the heart	...	...	...	...	...	...
79B	Valvular disease	...	...	...	...	...	...
81	Diseases of the arteries	...	...	...	...	...	...
81B	Aneurism	...	...	...	...	...	...
82	Embolism and thrombosis	...	...	...	...	...	...
	IV.—Diseases of the Respiratory System.						
87	Acute bronchitis	...	...	...	...	...	...
91	Broncho-pneumonia	...	3	...	1	...	...
92	Pneumonia	1	...	...	2	...	...
92A	Lobar	...	...	...	...	...	...
92B	Pneumonia following influenza	...	1	...	...	...	...
96	Asthma	...	...	...	...	...	...
98A	Œdema of lungs	...	...	...	...	...	...
	V.—Diseases of the Digestive System.						
102	Ulcer of the stomach	...	...	...	...	...	...
103	Other diseases of the stomach (cancer excepted)	...	...	...	...	...	...
104	Diarrhœa and enteritis (under 2 years)	1	1	...	...	...	...
105	Diarrhœa and enteritis (2 years and over)	...	...	...	...	...	1
113	Cirrhosis of the liver	...	...	...	...	...	...
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
119	Acute nephritis	...	...	...	...	...	...
120A	Uræmia	...	...	...	...	...	...
121	Cirrhosis	...	...	...	...	...	...
123	Calculi of the urinary passages	...	...	...	...	...	...
	VIII.—Diseases of the Skin and of the Cellular Tissue.						
142	Gangrene	...	...	...	...	...	...
	X.—Malformations.						
150	Congenital malformation (still-births not included)	1	...	...	...	...	...
	XI.—Diseases of Early Infancy.						
151A	Accident of labour	1	...	...	...	...	...
151B	Non-assimilation of food	2	2	...	...	...	...
153A	Still-born	1	...	...	...	...	...
153B	Premature	...	3	...	...	...	...

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—NANAIMO CITY—*Concluded.*	M.	F.	M.	F.	M.	F.
	XII.—Old Age.						
154	Senility	...	...	...	...	...	...
	XIII.—Affections produced by External Causes.						
159	Suicide by firearms	...	...	...	...	...	...
167	Burns (conflagration excepted)	...	1	...	...	1	...
169	Accidental drowning	...	...	...	...	1	...
170	Traumatism by firearms	...	...	...	...	...	...
173	Traumatism in mines and quarries	...	...	...	...	...	...
174	Traumatism by machines	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...
	XIV.—Ill-defined Diseases.						
187	Ill-defined organic disease	...	...	...	...	...	...
189a	Shock following operation	...	...	...	...	...	...
		7	11	1	3	3	2
	NANAIMO DIVISION—ALERT BAY.						
	I.—General Diseases.						
10	Influenza	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...
	IV.—Diseases of the Respiratory System.						
92	Pneumonia	...	...	...	...	...	...
92a	Pneumonia following influenza	...	...	...	...	...	...
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
120	Bright's disease	...	...	...	...	...	1
	XI.—Diseases of Early Infancy.						
152	Other diseases peculiar to early infancy	1	...	...	...	...	...
153a	Still-born	1	...	...	...	...	...
	XII.—Old Age.						
154	Senility	...	...	...	...	...	...
	XIII.—Affections produced by External Causes.						
159	Suicide by firearms	...	...	...	...	...	...
169	Accidental drowning	...	...	...	...	...	...
169a	Traumatism in logging camp and sawmill	...	...	...	...	...	...
171a	Traumatism by falling tree	...	...	...	...	...	...
172	Traumatism by fall	...	...	...	...	...	...
	XIV.—Ill-defined Diseases.						
189	Cause of death not specified or ill-defined	...	...	...	...	...	...
		2	...	...	...	...	1
	NANAIMO DIVISION—COMOX.						
	I.—General Diseases.						
1	Typhoid fever	...	...	...	...	...	...
10	Influenza	...	...	...	1	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
30a	Cancer of jaw	...	...	...	...	...	...
44	Cancer and other malignant tumours of the skin	...	...	...	...	...	...
45	Cancer and other malignant tumours of other organs, and of organs not specified	...	...	...	...	...	...
50	Diabetes	...	...	...	...	...	...

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

List No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—COMOX—*Concluded.*	M.	F.	M.	F.	M.	F.
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	...	...	...	...	...	...
64	Cerebral haemorrhage, apoplexy	...	...	...	...	...	...
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	...	...	...	...	...
79	Organic diseases of the heart	...	...	...	...	...	...
79A	Valvular disease	...	...	...	...	...	...
81	Arteriosclerosis	...	...	...	...	...	...
87	Embolism and thrombosis	...	...	...	...	...	...
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	1	...	...	...	...	...
91	Bronchopneumonia	2	...	...	...	1	...
92	Pneumonia	...	...	...	...	...	...
92B	Pneumonia following influenza	...	1	...	...	...	2
99	Asthma	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	1	...	...	...	...	...
113	Cirrhosis of the liver	...	...	...	...	...	...
117A	Peritonitis appendicitis	...	...	...	...	...	...
	VII. THE PUERPERAL STATE.						
135	Puerperal haemorrhage	...	...	...	...	...	...
137	Puerperal septicæmia	...	...	...	...	...	...
	VIII. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
153	Congenital debility, icterus, and sclerema	1	...	...	...	...	...
153B	Non-assimilation of food	1	...	...	...	...	...
153A	Stillborn	...	1	...	...	...	...
153B	Premature	...	2	...	...	...	...
153C	Umbilical haemorrhage	1	...	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	...	...	...	...	...	...
157	Suicide by hanging or strangulation	...	...	...	...	...	...
163	Other suicides	...	...	...	...	...	...
164	Poisoning by food	...	...	...	...	...	...
165	Other acute poisonings	...	...	...	...	...	...
166	Conflagration	...	...	...	...	...	...
169	Accidental drowning	...	...	...	...	...	1
169A	Traumatism in logging camp and sawmill	1	...	...	...	...	...
170	Traumatism by firearms	...	...	...	...	...	...
171A	Traumatism by falling tree	...	...	...	...	...	...
173	Traumatism in mines and quarries	...	...	...	...	...	...
174	Traumatism by machines	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...
175A	Traumatism not specified	...	...	...	...	...	...
185	Other external violence	...	...	...	...	...	...
	XIV. ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	...	...	...	...	...	...
		8	4	...	1	1	3
	NANAIMO DIVISION—LADYSMITH.						
	I. GENERAL DISEASES.						
10	Influenza	1	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	1	...
54A	Anæmia, pernicious	...	...	...	...	...	...

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Class No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—LADYSMITH—*Concluded.*	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	....	....	....	....	....	1
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	1	1	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
152B	Asphyxia, caused by milk in trachea	2	....	....	....	....	....
153B	Premature	....	2	....	....	....	....
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
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	BEATON GROUP—CRANBROOK.						
	I.—GENERAL DISEASES.						
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....
37	Syphilis	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
45C	Abscess of lung	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
52	Addison's disease	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
70	Convulsions (non-puerperal)	1	1	....	....	....	....
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	....	....	....	....	....
92	Pneumonia	....	2	....	....	....	....
92D	Pneumonia following influenza	1	....	....	....	1	1
	V. DISEASES OF THE DIGESTIVE SYSTEM.						
108	Appendicitis and typhlitis	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

List No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON GROUP—CRANBROOK—*Concluded.*	M.	F.	M.	F.	M.	F.
	XI.—Diseases of Early Infancy.						
[illegible]	[illegible] debility, sclerema, and sclerœma	1					
[illegible]	Other diseases peculiar to early infancy	1					
[illegible]	Convulsions [illegible] milk fever	1					
[illegible]	Spasmus	1					
[illegible]	Syncope	2					
[illegible]	Congenital [illegible]		1				
	XIII.—Affections produced by External Causes.						
117	Suicide by hanging or strangulation						
118	Suicide by firearms						
119	Accidental drowning						
120	Traumatism by firearms						
121	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
122	Other external causes						
	XIV.—Ill-defined Diseases.						
283	Cause of death not specified or ill-defined						
		9	4			1	1
	BEATON GROUP—FERNIE.						
	I.—General Diseases.						
10	Influenza						
28	Tuberculosis of the lungs						
40	Cancer and other malignant tumours of the stomach, liver						
45	Cancer of tongue						
50	Diabetes						
	II.—Diseases of Nervous System and Organs of Special Sense.						
61	Meningitis				1		
64	Cerebral hæmorrhage, apoplexy	1					
	III.—Diseases of the Circulatory System.						
77A	Myocarditis						
78A	Endocarditis following rheumatism						
79	Organic diseases of the heart						
79B	Valvular disease						
79C	Fatty degeneration of heart						
	IV.—Diseases of the Respiratory System.						
88	Capillary bronchitis	1					
89	Acute bronchitis		1				
91	Bronchopneumonia	1					
92	Pneumonia	1					
92A	Lobar		1				
92B	Pneumonia following influenza	2	1	1	1		1
	V.—Diseases of the Digestive System.						
104	Diarrhœa and enteritis (under 2 years)		4				
108	Appendicitis and typhlitis						
110A	Intussusception		1				
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
119	Acute nephritis						
	VII.—The Puerperal State.						
137	Puerperal septicæmia						
137C	Induced abortion by patient						
	VIII.—Diseases of the Skin and of the Cellular Tissue.						
142	Gangrene						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Class List No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1900.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON GROUP—FERNIE—*Concluded.*	M.	F.	M.	F.	M.	F.
	XI.—Diseases of Early Infancy.						
[illegible]	Congenital debility, icterus, and sclerema	1					
[illegible]	Non-assimilation of food	1					
153A	Still-born	2	1				
153B	Premature	1					
	XII.—Old Age.						
174	Senility						
	XIII.—Affections produced by External Causes.						
159	Suicide by firearms						
169	Accidental drowning					2	
173	Traumatism in mines and quarries						
174	Traumatism by machines						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
186	Other external violence						
	XIV.—Ill-defined Diseases.						
189	Cause of death not specified or ill-defined		1				
		11	10	1	2	2	1
	BEATON GROUP—GOLDEN.						
	I.—General Diseases.						
10	Influenza						
	II.—Diseases of Nervous System and Organs of Special Sense.						
61	Meningitis	1					
64	Cerebral hæmorrhage, apoplexy						
	III.—Diseases of the Circulatory System.						
79	Organic diseases of the heart						
79B	Valvular disease						
	IV.—Diseases of the Respiratory System.						
92D	Pneumonia following influenza						
	V.—Diseases of the Digestive System.						
108	Appendicitis and typhlitis						
	XI.—Diseases of Early Infancy.						
151	Congenital debility, icterus, and sclerema	1					
	XIII.—Affections produced by External Causes.						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
186	Other external violence						
	XIV.—Ill-defined Diseases.						
189	Cause of death not specified or ill-defined						
		2					
	BEATON GROUP—KASLO.						
	I.—General Diseases.						
28	Tuberculosis of the lungs						
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hæmorrhage, apoplexy						
	III.—Diseases of the Circulatory System.						
81C	Arteriosclerosis						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

No.	CAUSE OF DEATH. (Abridged Detailed Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
		M.	F.	M.	F.	M.	F.
	BEATON GROUP—KASLO—*Concluded.*						
	IV.—Diseases of the Respiratory System.						
[illegible]	[illegible]						
	V.—Diseases of the Digestive System.						
117	[illegible]						
	XIII.—Accidents and Violence, External Causes.						
[illegible]	[illegible]						
	REATON GROUP—NAKUSP.						
	III.—Diseases of the Circulatory System.						
7	[illegible]						
	IV.—Diseases of the Respiratory System.						
82A	Pneumonia following influenza						
	BEATON GROUP—NELSON.						
	I.—General Diseases.						
1	Typhoid fever						
2	[illegible]					1	
4a	[illegible]	1					
10	[illegible]					1	
11	[illegible]						
12	[illegible]						
23	[illegible]						
25	Tubercular meningitis						
34	[illegible]						
35a	[illegible]						
40	[illegible]						
41	[illegible]						
42	[illegible]						
50	[illegible]						
51	[illegible]						
53A	[illegible]						
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	[illegible]						
	III.—Diseases of the Circulatory System.						
77	[illegible]						
78	[illegible]						
79A	[illegible]						
79B	[illegible]						
79C	[illegible]						
80	[illegible]						
81	[illegible]						
	IV.—Diseases of the Respiratory System.						
89	[illegible]		1				
91	[illegible]	1		1			
92	[illegible]						
93A	[illegible]	1					
94	[illegible], pulmonary apoplexy						
96	[illegible]						
	V.—Diseases of the Digestive System.						
105	[illegible]						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON GROUP—NELSON—*Concluded.*	M.	F.	M.	F.	M.	F.
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
127	[illegible]	....	....	....	....	....	....
128A	[illegible]	....	....	....	....	....	....
	X.—MALFORMATIONS.						
159	Congenital malformation (still-births not included)	1	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151B	[illegible]	....	1	....	....	....	....
152A	[illegible]	1	....	....	....	....	....
149A	[illegible]	1	2	....	....	....	....
150B	Prematurity	2	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
177	[illegible] by poison	....	....	....	....	....	....
178	[illegible] by poisonous [illegible]	....	....	....	....	....	....
169	[illegible]	....	....	....	....	....	....
175B	Traumatism by [illegible]	....	....	....	....	....	....
		8	6	1	....	2	....
	BEATON GROUP—NEW DENVER.						
	I.—GENERAL DISEASES.						
44B	Cancer of prostate	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79B	[illegible]	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
141A	Vomiting [illegible]	....	....	....	....	....	....
	X.—MALFORMATIONS.						
159	Congenital malformation (still-births not included)	1	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
173	Traumatism in mines and quarries	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
175B	Traumatism by stroke of lightning	....	....	....	....	....	....
		1	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Class No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON GROUP—REVELSTOKE	M.	F.	M.	F.	M.	F.
	I. GENERAL DISEASES.						
6	Measles						1
10	Influenza	1				2	
28	Tuberculosis of the lungs						
44	Cancer of the other malignant tumours of the peritoneum, intestines, rectum						
45A	Cancer of bladder						
47	Arthritis, other rheumatism and gout						
54A	Anæmia, splenic anæmia						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
62	Locomotor ataxia						
64	Cerebral hæmorrhage, apoplexy						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78	Acute endocarditis						
79	Organic diseases of the heart						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	1		1			
92A	Lobar						
92B	Pneumonia following influenza						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)		1				
109	Hernia, intestinal obstruction	1					
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
123	Calculi of the urinary passages						
	X. MALFORMATIONS.						
150	Congenital malformation (still-births not included)		1				
	XI. DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food	1					
153A	Still born		1				
153B	Premature		1				
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
175A	Traumatism not specified						
185B	Suffocated by smoke in burned						
		4	4	1		2	1
	BEATON GROUP—ROSSLAND.						
	I. GENERAL DISEASES.						
1	Typhoid fever						
10	Influenza						
28	Tuberculosis of the lungs						
29	Acute miliary tuberculosis						
50	Diabetes						
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy		1				
71	Convulsions of infants	1					
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart						
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia		1				
92	Pneumonia						
92B	Pneumonia following influenza						1

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Cause List No.	CAUSE OF DEATH. (After the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON GROUP—ROSSLAND—*Concluded.*	M.	F.	M.	F.	M.	F.
	V.—Diseases of the Digestive System.						
104	Diarrhœa and enteritis (under 2 years)	1	..	..	1	..	..
109	Hernia, with stated obstruction	..	..	..	..	..	..
117	Simple peritonitis (non-puerperal)	..	..	..	..	..	..
	VII. The Puerperal State.						
145	Other accidents of labour	..	..	..	..	..	..
	XI. Diseases of Early Infancy.						
153A	Asphyxia, caused by milk in trachea	1	..	..	..	..	..
153B	Prematurity	1	2	..	..	..	..
	XIII. Affections produced by External Causes.						
173	Fracture in mines and quarries	..	..	..	..	..	..
	XIV. Ill-Defined Diseases.						
189	Cause of death not specified or ill-defined	..	..	..	..	..	..
		4	4	..	1	..	1
	BEATON GROUP—SLOCAN CITY.						
	II.—Diseases of Nervous System and Organs of Special Sense.						
71	Convulsions of infants	..	..	..	1	..	..
	IV.—Diseases of the Respiratory System.						
92	Pneumonia	..	..	..	..	..	..
		..	..	..	1	..	..
	BEATON GROUP—TRAIL.						
	I.—General Diseases.						
1	Typhoid	..	..	..	..	1	..
9	Diphtheria	..	..	..	..	1	..
10	Influenza	..	..	..	..	..	..
33A	Tuberculosis of joint	..	..	..	..	1	..
40	Cancer and other malignant tumours of the stomach, liver	..	..	..	..	..	..
42	Cancer and other malignant tumours of the female genital organs	..	..	..	..	..	..
45A	Cancer of bladder	..	..	..	..	..	..
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hæmorrhage, apoplexy	..	..	..	..	..	..
70	Convulsions (non-puerperal)	..	..	..	..	..	1
	III.—Diseases of the Circulatory System.						
77	Pericarditis	..	..	..	..	..	..
	IV.—Diseases of the Respiratory System.						
92	Pneumonia	1	..	..	..	..	..
92B	Pneumonia following influenza	..	..	1	..	1	..
	V.—Diseases of the Digestive System.						
103	Other diseases of the stomach (cancer excepted)	1	..	..	..	..	..
115	Other diseases of the liver	..	..	..	..	..	..
117	Simple peritonitis (non-puerperal)	..	..	..	..	..	..
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
119	Acute nephritis	..	..	..	..	..	..
	XI.—Diseases of Early Infancy.						
153A	Stillborn	1	1	..	..	..	..
153B	Prematurity	..	2	..	..	..	..

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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							1																1	1
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CAUSES OF DEATH, JULY, 1918, TO

List No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
		M.	F.	M.	F.	M.	F.
	BEATON GROUP—TRAIL.—*Concluded.*						
	XII.—OLD AGE.						
[illegible]	Senility	....	....	....	....	....	....
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
[illegible]	[illegible] by strangulation	....	....	....	....	....	....
[illegible]	[illegible]	....	....	....	....	1	....
171	Traumatism by other crushing (railroad, landslides, vehicles, etc.	....	....	....	....	....	....
		3	3	1	....	5	1
	BEATON GROUP—WILMER.						
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
[illegible]	[illegible]	....	....	....	....	....	....
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
80	Acute bronchitis	....	1	....	....	....	....
96	Pneumonia	....	....	..	..	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
177	[illegible]	....	....	....	....	....	....
		....	1	....	....	..	....
	ALBERNI GROUP—ALBERNI.						
	I.—GENERAL DISEASES.						
14	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	..	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hemorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
70	Organic diseases of the heart	....	....	....	....	1	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87a	Pneumonia following influenza	....	....	....	....	....	....
	V. DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	1	..	....	....	....	..
109	Hernia, intestinal obstruction	..	..	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Acute nephritis	....	....	....	....	....	....
	VII. THE PUERPERAL STATE.						
137a	[illegible] of pregnancy	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
169a	Traumatism in logging camp and sawmill	....	....	....	....	....	....
		1	....	....	....	1	....
	ALBERNI GROUP—ANYOX.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants	....	1	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Cause No.	CAUSE OF DEATH. (According to the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI GROUP—ANYOX—*Concluded.*	M.	F.	M.	F.	M.	F.
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
78A	Endocarditis following rheumatism						
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
92D	Pneumonia following influenza						
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Uræmia						
	XI. DISEASES OF EARLY INFANCY.						
138A	Still-born	1					
138B	Premature	1					
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
166	Conflagration			1			
169	Accidental drowning						
170	Traumatism by firearms						
171A	Traumatism by falling tree						
172	Traumatism by fall						
173	Traumatism in mines and quarries						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
		2	1	1			
	ALBERNI GROUP—ATLIN.						
	I. GENERAL DISEASES.						
74A	Anæmia, pernicious						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
160	Suicide by cutting or piercing instruments						
186	Other external violence						
	ALBERNI GROUP—BELLA COOLA.						
	I.—GENERAL DISEASES.						
10	Influenza						
28	Tuberculosis of the lungs						
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants						1
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis						
92D	Pneumonia following influenza						
	XI. DISEASES OF EARLY INFANCY.						
138A	Premature	1	2				
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning						
174	Traumatism by machines						
175A	Traumatism not specified						
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined						
		1	2				1

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI GROUP—PORT FRASER.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.						
10	[illegible]						
30	Influenza						
43	[illegible]						
44a	[illegible]						
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hemorrhage, apoplexy						
	III.—Diseases of the Circulatory System.						
77	[illegible]						
	IV.—Diseases of the Respiratory System.						
91	[illegible]	1					
92a	Pneumonia following influenza		1				
	XI.—Diseases of Early Infancy.						
148a	Still-born	1					
	XIII.—Accidents produced by External Causes.						
170	[illegible]						
	XIV.—Ill-defined Diseases.						
180	[illegible] specified or ill-defined						
		2	1				
	ALBERNI GROUP—HAZELTON.						
	I.—General Diseases.						
8	[illegible]	1					
30	Influenza						
42	[illegible]						
48	[illegible]	1					
50	Diabetes						
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hemorrhage, apoplexy						
66	[illegible]						
	III.—Diseases of the Circulatory System.						
78a	[illegible]						
79a	[illegible]						
84a	[illegible]						
	IV.—Diseases of the Respiratory System.						
92	[illegible]						
92a	Pneumonia following influenza						
	V.—Diseases of the Digestive System.						
108a	Appendicitis and typhlitis						
115	[illegible]						
117a	Peritonitis-appendicitis						
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
120a	[illegible]						
	X.—Malformations.						
150	Congenital malformation (still-births not included)		1				
	XI.—Diseases of Early Infancy.						
151	Congenital debility, icterus, and sclerema	1	1				
153a	Asphyxia, caused by pulmonary diseases		1				
153c	[illegible]	1					

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
					1																		1	1
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											1	1										1	1	2
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																						1		1
		1	1	4		1		1														7	2	9
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						1																1		1
		1						1														2		2
		2	1	5	1	2		2		1	1	2	1									16	5	21
																						1		1
1		1		2		1																5		5
											1												1	1
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				1																		1		1
										1		1										3		3
				2	1	3																5	1	6
										1												1		1
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		1																				1		1
							1																1	1
																							1	1
																						1	1	2
																						1		1
																						1		1

CAUSES OF DEATH, JULY, 1918, TO

Cause of Death No.	CAUSE OF DEATH. (Abridged International Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI GROUP—HAZELTON—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—Accidents and Violence by External Causes.						
166	Suicide by firearms						
167	Other suicide by violence						
168	Homicide by firearms			1			
169	Homicide by violence					1	
171a	Traumatism by falling, etc.						
171c	Traumatism by crushing (railroad, landslides, vehicles, etc.)						
	XIV.—Ill-defined Diseases.						
180	Causes of death not specified or ill-defined	1					
		5	3	1		1	
	ALBERNI GROUP—FORT ST. JOHN.						
	XIII.—Accidents produced by External Causes.						
182	Homicide by firearms						
	ALBERNI GROUP—POUCE COUPE.						
	I.—General Diseases.						
28	Tuberculosis of the lungs						
	IV.—Diseases of the Respiratory System.						
92b	Pneumonia (following influenza)						
	XIII.—Accidents produced by External Causes.						
182	Homicide by firearms						
	ALBERNI GROUP—PRINCE RUPERT.						
	I.—General Diseases.						
19	Influenza						
20	Pyæmia, septicæmia and septicopyæmia						
28	Tuberculosis of the lungs						2
37	Syphilis	1					
45	Cancer and other malignant tumours of other organs, and of organs not specified						
50	Diabetes						
	II.—Diseases of Nervous System and Organs of Special Sense.						
61	Meningitis						
64	Cerebral hæmorrhage, apoplexy						
71	Convulsions of infants	1	1				
	III.—Diseases of the Circulatory System.						
77a	Myocarditis						
79	Organic diseases of the heart						
80	Angina pectoris						
	IV.—Diseases of the Respiratory System.						
89	Acute bronchitis						
91	Broncho-pneumonia	1			1	1	
92	Pneumonia			1			1
92b	Pneumonia following influenza						
96	Gangrene of the lung						
	V.—Diseases of the Digestive System.						
109	Hernia, intestinal obstruction						
110a	Duodenal ulcer						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI GROUP—PRINCE RUPERT—*Concluded.*	M.	F.	M.	F.	M.	F.
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease	...	...	...	...	...	...
120A	Eclampsia	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	4	...	...	...	...	...
151A	Accidents of labour	...	1	...	...	...	...
151B	Non-assimilation of food	1	...	...	...	...	...
151C	Hydrocephalus	1	...	...	...	...	...
153B	Premature	2	...	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
167	Burns (conflagration excepted)	...	...	...	...	...	...
168	Accidental drowning	...	...	...	1	...	...
173	Traumatism in mines and quarries	...	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...
		11	2	1	2	1	3
	ALBERNI GROUP—QUATSINO.						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
110	Other diseases of the intestines	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
174	Traumatism by machines	...	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...
		...	...	...	...	...	...
	ALBERNI GROUP—QUEEN CHARLOTTE.						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92B	Pneumonia following influenza	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	...	...	...	...
169A	Traumatism in logging camp and sawmill	...	...	...	...	...	...
171A	Traumatism by falling tree	...	...	...	...	...	...
		1	...	...	...	...	...
	ALBERNI GROUP—STEWART.						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92B	Pneumonia following influenza	...	...	...	...	...	...
		...	...	...	...	...	...

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
											1												1	1
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					1																		1	1
				1		1		1														3	1	4
						1																1		1
						1		1														2		2
2		3	1	17	7	41	5	17	3	5	3	4		1			1	1		1		105	27	132
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		1				4		1												7		13		13
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				1		1		1														3		3
				1		1		1														3		3

CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI GROUP—TELEGRAPH CREEK.	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	1	....	....	....	....	....
		1	....	....	....	....	....
	ASHCROFT GROUP—ASHCROFT.						
	I.—GENERAL DISEASES.						
49	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
90	Chronic bronchitis	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
92A	Pneumonia following influenza	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
152A	Atelectasis	1	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
186	Other external violence	....	....	....	....	....	....
		1	....	....	....	....	....
	ASHCROFT GROUP—BARKERVILLE.						
	I.—GENERAL DISEASES.						
34	Tuberculosis of other organs	....	....	1	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
		....	....	1	....	....	....
	ASHCROFT GROUP—FORT GEORGE.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	....	4	1	....	....	1
	DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ASHCROFT GROUP—FORT GEORGE—*Concluded.*	M.	F.	M.	F.	M.	F.
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
92	Lobar pneumonia	....	....	....	....	....	....
92a	Pneumonia following influenza	....	2	1	....	3	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
129	Acute nephritis	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
135	Puerperal haemorrhage	....	....	....	....	....	....
137a	Eclampsia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
174a	Still born	1	2	..	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by fire-arms	....	....	....	....	....	....
		1	8	2	....	3	1
	ASHCROFT GROUP—TETE JAUNE.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
175a	Traumatism by snowslide	....	....	....	....	....	....
		1	....	....	..	....	....
	ASHCROFT GROUP—CLINTON.						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	....	....	....	....	....	1
	VII.—THE PUERPERAL STATE.						
135	Puerperal haemorrhage	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
159a	Premature	1	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		1	....	....	1	....	....
	ASHCROFT GROUP—LILLOOET.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
37a	Syphilis, congenital	1	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ASHCROFT GROUP—LILLOOET—*Concluded.*	M.	F.	M.	F.	M.	F.
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
79a	Valvular disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	....	..	....	....	....	..
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		1	....	....	....	....	....
	ASHCROFT GROUP—QUESNEL.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
		....	....	....	....	....	....
	ASHCROFT GROUP—150-MILE HOUSE.						
	I.—GENERAL DISEASES.						
31	Abdominal tuberculosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	....	....	....	1	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	1	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	..	....	....	....	....
		1	....	1	1	....	....
	ASHCROFT GROUP—YALE.						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

List Number	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ASHCROFT GROUP—YALE—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
177	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
180	Cause of death not specified or ill-defined	....	..	....	....	1	...
		....	1	....	....	1	....
	FAIRVIEW GROUP—FAIRVIEW.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	1	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
39B	Cancer of throat	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
50	Diabetes	....	....	....	....	..	1
54A	Anæmia, pernicious	....	..	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	..	....	....
71	Convulsions of infants	....	....	1	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79B	Valvular disease	....	....	....	....	....	....
79D	Fatty degeneration of heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	....	1	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	..	....	1	....	....
96	Asthma	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	...	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food	1	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
166	Conflagration	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
		2	2	2	1	....	1
	FAIRVIEW GROUP—GREENWOOD.						
	I.—GENERAL DISEASES.						
9	Diphtheria	....	....	....	....	1	....
10	Influenza	....	1	....	....	....	....
39C	Cancer of œsophagus	....	....	....	....	....	....
39D	Cancer of throat	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW GROUP—GREENWOOD—*Concluded.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza					1	
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia						
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema		1				
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms						
169	Accidental drowning						
173	Traumatism in mines and quarries						
186	Other external violence						
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined						
			2			2	
	FAIRVIEW GROUP—GRAND FORKS.						
	I.—GENERAL DISEASES.						
1	Typhoid fever						
10	Influenza	1					
28	Tuberculosis of the lungs						
33A	Tuberculosis of joint						
40	Cancer and other malignant tumours of the stomach, liver						
50	Diabetes						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart						
79B	Valvular disease						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia		1				
92	Pneumonia						
92b	Pneumonia following influenza				1		1
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
108	Appendicitis and typhlitis						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis						
120A	Uræmia						
	XI.—DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food		1				
153B	Premature	2	1				
	XII.—OLD AGE.						
154	Senility						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
164	Poisoning by food					1	
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)				1		
186A	Bite of wood-tick				1		
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined					1	
		3	3		3	2	1

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW GROUP - KAMLOOPS.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
1	Typhoid fever						
10	Influenza						
14	Dysentery						
28	Tuberculosis of the lungs						
39A	Cancer of face						
39C	Cancer of œsophagus						
39D	Cancer of throat						
40	Cancer and other malignant tumours of the stomach, liver						
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum						
42	Cancer and other malignant tumours of the female genital organs						
43	Cancer and other malignant tumours of the breast						
45	Cancer and other malignant tumours of other organs, and of organs not specified						
50	Diabetes						
51A	Goitre not specified		1				
53	Leucheemia						
54A	Anæmia, pernicious						
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	1				1	
64	Cerebral hæmorrhage, apoplexy						
66	Paralysis without specified cause						
67	General paralysis of the insane						
71	Convulsions of infants	1	1	1			
73	Neuralgia and neuritis						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis						
78	Acute endocarditis						
78A	Endocarditis following rheumatism						
79	Organic diseases of the heart						
79B	Valvular disease						
81C	Arteriosclerosis						
82	Embolism and thrombosis						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia		1				
92	Pneumonia						
92A	Lobar pneumonia						
92D	Pneumonia following influenza	2	1			1	
98A	Œdema of lungs						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	1	1				
105	Diarrhœa and enteritis (2 years and over)						
109	Hernia, intestinal obstruction						
112	Hydatid tumour of the liver						
118	Other diseases of the digestive system (cancer and tuberculosis excepted)						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease						
120A	Uræmia						
122	Other diseases of the kidneys and annexa						
126	Diseases of the prostate						
	VII.—THE PUERPERAL STATE.						
137D	Eclampsia						
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene						
	XI.—DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food	1					
152	Other diseases peculiar to early infancy		1				
153A	Atelectasis	2					
153B	Premature	3	1				
	XII.—OLD AGE.						
154	Senility						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW GROUP—KAMLOOPS—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
178	Suicide by drowning	...	...	...	...	...	...
179	Suicide by firearms	...	...	...	...	...	...
169	Accidental drowning	...	...	...	...	...	...
170	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...
182A	Accidently smothered in bed	1	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.						
187	Undefined organic disease	...	...	...	...	...	...
187A	Dropsy	...	...	...	...	...	...
		12	7	1	...	2	...
	FAIRVIEW GROUP—NICOLA.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	...	...	...	...	...
78A	Mitral stenosis	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92B	Pneumonia following influenza	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
110A	Enterocolitis	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
153B	Premature	1	1	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	...	...	...	...
170	Traumatism in mines and quarries	...	...	...	...	...	...
		1	1	...	...	...	...
	FAIRVIEW GROUP—PRINCETON.						
	I.—GENERAL DISEASES.						
18	Whooping-cough	...	...	1	...	...	...
19	Influenza	...	...	...	...	...	...
20	Purulent infection and septicemia	1	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants	2	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	...	...	...	...	...	...
79B	Mitral regurgitation	...	...	...	...	...	...
85	Hemorrhage	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92A	Lobar pneumonia	...	...	...	...	...	...
92B	Pneumonia following influenza	...	...	...	...	...	1
98A	Œdema of lungs	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
110	Other diseases of the intestines	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food	...	...	1	...	...	...
153A	Still-born	...	...	1	...	...	...

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW GROUP—PRINCETON—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
172	Traumatism by fall						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy						
		3	2	1			1
	FAIRVIEW GROUP—VERNON.						
	I.—GENERAL DISEASES.						
10	Influenza						
20	Purulent infection and septicæmia						
28	Tuberculosis of the lungs				1	1	
30F	Cancer of throat						
40	Cancer and other malignant tumours of the stomach, liver						
42	Cancer and other malignant tumours of the female genital organs						
48	Cancer and other malignant tumours of the breast						
46	Other tumours (tumours of the female genital organs excepted)						
50	Diabetes		1				
51	Exophthalmic goitre						
54A	Anæmia, pernicious					1	
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis						
62	Locomotor ataxia						
64	Cerebral hæmorrhage, apoplexy						
66	Paralysis without specified cause						
69	Epilepsy						
71	Convulsions of infants	1					
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis						
78	Acute endocarditis						
78A	Endocarditis following rheumatism						
78B	Cardiac dropsy						
79	Organic diseases of the heart						
79E	Mitral regurgitation						1
80	Angina pectoris						
81B	Aneurism						
82	Embolism and thrombosis						
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1					
92	Pneumonia					1	
92b	Pneumonia following influenza				1	5	
98A	Œdema of lungs						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
100	Diseases of the pharynx						1
102	Ulcer of the stomach						
103B	Ileocolitis		1				
104	Diarrhœa and enteritis (under 2 years)	1	1				
105	Diarrhœa and enteritis (2 years and over)					1	1
110	Other diseases of the intestines						
117	Simple peritonitis (non-puerperal)						
117A	Peritonitis-appendicitis						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis						
120A	Uræmia						
	VII.—THE PUERPERAL STATE.						
136	Other accidents of labour						
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
144	Phlegmon, acute abscess						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW GROUP—VERNON—*Concluded.*	M.	F.	M.	F.	M.	F.
	X.—MALFORMATIONS.						
170	Congenital malformation (still-births not included)	3	1	....	....	....	....
	XI. DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	1	....	....	....	....
151B	Non-assimilation of food	2	....	....	....	....	....
152A	Atelectasis	2	....	....	....	....	....
153A	Still-born	....	3	....	....	....	....
153B	Premature	3	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	1	....
171A	Traumatism by falling tree	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
		14	8	....	2	10	3
	VANCOUVER DIVISION—VANCOUVER CITY.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
8	Whooping-cough	1	3	....	....	....	1
9	Diphtheria	....	....	....	....	....	....
10	Influenza	1	1	2	....	2	2
14	Dysentery	....	....	....	....	....	1
18	Erysipelas	....	....	....	....	1	....
20	Purulent infection and septicæmia	2	....	....	....	....	1
28	Tuberculosis of the lungs	....	....	....	....	2	....
29	Acute miliary tuberculosis	1	....	....	....	....	....
30	Tubercular meningitis	2	3	1	1	2	1
30A	Tubercular peritonitis	....	....	....	....	....	....
32	Pott's disease	....	....	....	....	....	....
32A	Tuberculosis of spine	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....
34D	Miliary tuberculosis	....	1	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
37	Syphilis	....	....	....	....	....	....
39	Cancer and other malignant tumours of the buccal cavity	....	....	....	....	....	....
39A	Cancer of face	....	....	....	....	....	....
39B	Cancer of jaw	....	....	....	....	....	....
39C	Cancer of œsophagus	....	....	....	....	....	....
39D	Cancer of larynx	....	....	....	....	....	....
39E	Cancer of pancreas	....	....	....	....	....	....
39F	Cancer of throat	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
44	Cancer and other malignant tumours of the skin	....	....	....	....	....	....
44A	Cancer of lung	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
45	Cancer and other malignant tumours of other organs, and of organs not specified	....	....	....	....	....	....
45A	Cancer of bladder, kidney, and annexa	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
50B	Diabetic gangrene	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	1
51A	Goitre not specified	....	....	....	....	....	....
53	Leucheemia	....	....	....	....	....	....
54	Anæmia, pernicious	....	....	....	....	....	....
55A	Pupura hæmorrhagica	1	....	....	....	....	....
56	Alcoholism, acute	....	....	....	....	....	....
56A	Alcoholism, chronic	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	1	....	1	2	2	1
61A	Pachymeningitis	....	....	....	....	....	....
61E	Traumatic meningitis	....	....	....	....	....	....
61C	Cerebrospinal meningitis	....	....	....	....	1	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—VANCOUVER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE—*Concluded.*						
63B	Hæmorrhage into spinal cord	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	2	1	....	....	....	....
65	Softening of the brain	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
70	Convulsions (non-puerperal)	....	....	....	....	....	....
71	Convulsions of infants	10	10	4	3	....	....
76	Diseases of the ears	....	....	....	1	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis	1	....	....	....	....	....
77A	Myocarditis	1	1	1	....	....	1
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	2
79	Organic diseases of the heart	....	1	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
84	Diseases of the lymphatic system	....	....	....	....	....	....
84B	Hodgkin's disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
88	Diseases of the thyroid body	....	....	....	....	....	....
89	Acute bronchitis	1	....	1	1	....	....
90	Chronic bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	7	3	3	1	3	....
92	Pneumonia	4	1	1	1	1	1
92A	Lobar	2	1	....	1	1	1
92B	Following operation	....	....	....	....	....	....
92C	Septic pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	5	12	3	7	13	12
92E	Hypostatic pneumonia	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
96	Asthma	1	....	....	....	....	....
98	Other organs of the respiratory system (tuberculosis excepted)	....	....	....	....	....	....
98A	Œdema of lungs	1	....	....	....	1	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
101	Diseases of the œsophagus	....	....	....	....	....	....
102	Ulcer of the stomach	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	5	6	3	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	1	....	1	2
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	2	....	....	....	....	....
110	Other diseases of the intestines	....	1	....	....	....	....
111	Acute yellow atrophy of the liver	....	....	....	....	....	....
112	Hydatid tumour of the liver	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
115	Other diseases of the liver	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	1
120	Bright's disease	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
121	Chyluria	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	1	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....
124A	Suppression of urine	....	....	....	....	....	....
125	Other diseases of the urethra, urinary abscess, etc.	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
128	Uterine hæmorrhage (non-puerperal)	....	....	....	....	....	....
129	Uterine tumour (non-cancerous)	....	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....
131	Cysts and other tumours of the ovary	....	....	....	....	....	....
133A	Cholecystitis	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—VANCOUVER CITY—*Concluded.*	M.	F.	M.	F.	M.	F.
	VII.—THE PUERPERAL STATE.						
135	Puerperal hemorrhage	....	....	....	....	....	....
135A	Puerperal peritonitis	....	....	....	....	....	....
137	Puerperal septicæmia	....	....	....	....	....	....
137B	Ceasing of pregnancy	....	....	....	....	....	....
137D	Eclampsia	....	....	....	....	....	....
140	Following childbirth (not otherwise defined)	....	....	....	....	....	....
141A	Ectopic gestation	....	....	....	....	....	....
141	Ceasing ectopic pregnancy	....	....	....	....	....	....
141C	Retained placenta following instrumental delivery	....	....	....	....	....	....
141D	Vomiting pregnancy	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
145	Other diseases of the skin and adnexa	....	1	....	....	....	....
145A	Pemphigus neonatorum	1	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
146	Diseases of the bones (tuberculosis excepted)	....	....	1	....	....	....
	X. MALFORMATIONS.						
150	Congenital malformation (stillbirths not included)	8	8	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	4	1	....	....	....	....
151A	Asphyxia neonatorum	1	....	....	....	....	....
151B	Non-assimilation of food	5	5	....	....	....	1
151C	Hydrocephalus	....	1	....	....	....	1
152	Other diseases peculiar to early infancy	42	42	....	....	....	....
152A	Atelectasis	....	....	....	....	....	....
153A	Stillbirth	44	33	....	....	....	....
153B	Premature	38	57	....	....	....	....
153C	Umbilical hemorrhage	6	1	....	....	....	....
153D	Injury at birth	....	1	....	....	....	....
153E	Accidentally smothered in bed	1	1	....	....	....	....
	XII. OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by poison	....	....	....	....	....	....
157	Suicide by hanging or strangulation	....	....	....	....	....	....
158	Suicide by drowning	....	....	....	....	....	....
160	Suicide by cutting or piercing instruments	....	....	....	....	....	....
161	Suicide by jumping to any high place	....	....	....	....	....	....
165	Other violent causes	1	....	....	....	....	2
166	Conflagration	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	....
168	Absorption of deleterious gases (conflagration excepted)	....	....	....	....	1	....
169	Accidental drowning	....	....	....	....	1	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
174	Traumatism by machines	1	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	1	....
175A	Traumatism not specified	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....
181	Electricity (lightning excepted)	....	....	....	....	....	....
182	Homicide by firearms	....	....	....	....	....	....
182A	Accidentally smothered, overlaid	1	....	....	....	....	....
182B	Traumatism by explosion	....	....	....	....	....	....
182C	Morphinism	....	....	....	....	....	....
184	Homicide by other means	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
186A	Smothered	1	1	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	....	....	1	....	....	....
189B	Infanticide	....	1	....	....	....	....
		167	130	23	19	33	32

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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18	25	72	50	222	179	372	179	198	67	118	68	100	60	59	49	16	19	2	5	10	2	1410	884	2,294

CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—SOUTH VANCOUVER.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.						
6	Measles				1		
9	Diphtheria						
10	Influenza		1		1		1
14	Dysentery						
28	Tuberculosis of the lungs						
30	Tubercular meningitis					1	
30A	Tubercular peritonitis						
32A	Tuberculosis of the spine						
39C	Cancer of œsophagus						
40	Cancer and other malignant tumours of the stomach, liver						
43	Cancer and other malignant tumours of the breast						
45	Cancer and other malignant tumours of other organs, and of organs not specified						
45A	Cancer of bladder						
50	Diabetes						
54A	Anæmia, pernicious		1				
	II.—Diseases of Nervous System and Organs of Special Sense.						
61	Meningitis	1					
64	Cerebral hæmorrhage, apoplexy						
69	Epilepsy						
76	Diseases of the ears						
	III.—Diseases of the Circulatory System.						
77	Pericarditis						
77A	Myocarditis						
78	Acute endocarditis						
78A	Endocarditis following rheumatism						
78B	Cardiac dropsy						
79	Organic diseases of the heart						
79B	Valvular disease						
81B	Aneurism						
81C	Arteriosclerosis						
	IV.—Diseases of the Respiratory System.						
89	Acute bronchitis			1			
90	Chronic bronchitis						
91	Bronchopneumonia	1	2				
92	Pneumonia	1				2	1
92A	Lobar						1
92D	Pneumonia following influenza			1	2	3	2
94	Pulmonary congestion, pulmonary apoplexy						
98A	Œdema of lungs						
	V.—Diseases of the Digestive System.						
103	Other diseases of the stomach (cancer excepted)	1					
104	Diarrhœa and enteritis (under 2 years)	2					
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
119	Acute nephritis						
120	Bright's disease						
120A	Uræmia						
	X.—Malformations.						
150	Congenital malformation (still-births not included)		1				
	XI.—Diseases of Early Infancy.						
151	Congenital debility, icterus, and sclerema	1	1				
151A	Accident of labour	1					
151B	Non-assimilation of food	1					
152	Other diseases peculiar to early infancy		1				
152B	Asphyxia	1					
153A	Still-born	7	2				
153B	Premature	4					
	XII.—Old Age.						
154	Senility						

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—SOUTH VANCOUVER—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
177	Suicide by poison	....	....	....	....	....	....
184	Poisoning by food	....	....	1	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
		21	9	3	4	6	5
	VANCOUVER DIVISION—POINT GREY.						
	I.—GENERAL DISEASES.						
10	Influenza	....	1	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
44	Cancer and other malignant tumours of the skin	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Meningitis	....	....	....	....	....	....
65	Cerebral hemorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
71	Convulsions of infants	....	1	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis	....	....	....	....	....	....
77A	Myocarditis	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81	Arteriosclerosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	1	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92B	Pneumonia following influenza	....	1	1	1	....	1
98	Other diseases of the respiratory system (tuberculosis excepted)	....	....	....	....	....	....
98A	Oedema of lungs	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
111	Acute yellow atrophy of the liver	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	1	....	....	....	....
129	Uterine tumour (non-cancerous)	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
147	Diseases of the joints (tuberculosis and rheumatism excepted)	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	....	2	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—POINT GREY—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
158	Suicide by drowning	....	....	....	....	....	....
161	Suicide by jumping from a high place	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
		1	7	1	1	....	1
	VANCOUVER DIVISION—NORTH VANCOUVER CITY.						
	I.—GENERAL DISEASES.						
6	Measles	1	....	....	....	....	....
8	Whooping-cough	1	....	....	....	....	....
9	Diphtheria	....	....	....	....	....	1
10	Influenza	....	....	....	1	....	....
28	Tuberculosis of the lungs	....	1	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	....	....	....	....	....	....
92	Pneumonia	....	....	1	....	1	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	2	2	2	1
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151C	Hydrocephalus	1	....	....	....	....	....
153A	Still-born	4	6	....	....	....	....
153B	Premature	3	2	....	....	....	....
153E	Prolonged labour	1	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	1
174	Traumatism by machines	....	....	....	....	....	....
		12	10	3	3	3	3

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—NORTH VANCOUVER DISTRICT.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
	II. Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	....	....	1	....	1	....
	III.—Diseases of the Circulatory System.						
79	Organic diseases of the heart	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.						
92D	Pneumonia following influenza	....	....	1	....	....	....
92E	Hypostatic pneumonia	....	....	....	....	....	....
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
119	Acute nephritis	....	....	....	....	....	....
	VII.—The Puerperal State.						
135	Puerperal hæmorrhage	....	....	....	....	....	....
	XI. Diseases of Early Infancy.						
152	Other diseases peculiar to early infancy	....	1	....	....	....	....
153B	Premature	....	1	....	....	....	....
		....	2	2	....	1	....
	VANCOUVER DIVISION—WEST VANCOUVER.						
	I.—General Diseases.						
44B	Cancer of prostate	....	....	....	....	....	....
	II.—Diseases of Nervous System and Organs of Special Sense.						
61	Meningitis	1	....	....	....	....	....
	III.—Diseases of the Circulatory System.						
79B	Valvular disease	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.						
92D	Pneumonia following influenza	....	....	....	....	....	....
	XI.—Diseases of Early Infancy.						
153B	Premature	....	1	....	....	....	....
	XII.—Old Age.						
154	Senility	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.						
169	Accidental drowning	....	....	....	....	....	....
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	VANCOUVER DIVISION—OUTSIDE.						
	I.—General Diseases.						
10	Influenza	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	1	....	....	....
50	Diabetes	....	....	1	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classified No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—OUTSIDE—*Concluded.*	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hemorrhage, apoplexy						
71	Convulsions of infants						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia						
92b	Pneumonia following influenza	1					
96	Asthma						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)		1				
105	Diarrhœa and enteritis (2 years and over)						1
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease						
	VII.—THE PUERPERAL STATE.						
134	Accidents of pregnancy						
	XI.—DISEASES OF EARLY INFANCY.						
152	Other diseases peculiar to early infancy	1					
153a	Still-born		1				
153b	Premature	1	2				
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation						
160	Accidental drowning						
160a	Traumatism in logging camp and sawmill						
170	Traumatism by firearms						
172	Traumatism by fall						
173	Traumatism in mines and quarries						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
		3	4	2			1
	VANCOUVER DIVISION—RICHMOND.						
	I.—GENERAL DISEASES.						
10	Influenza						
28	Tuberculosis of the lungs						
38	Cancer of breast						
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum						
42	Cancer and other malignant tumours of the female genital organs						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis						
70	Convulsions (non-puerperal)			1			
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77a	Myocarditis						
79	Organic diseases of the heart						
79b	Mitral regurgitation						
82	Endocarditis and pericarditis						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis					1	
91	Bronchopneumonia						
92	Pneumonia						
92b	Pneumonia following influenza	1				1	
	XI.—DISEASES OF EARLY INFANCY.						
152	Other diseases peculiar to early infancy		1				
153a	Still-born	1	2				
153b	Umbilical hemorrhage		1				

JUNE (INCLUSIVE), 1919—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1918, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION - RICHMOND—*Concluded.*	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII. - AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	...	...	...	...	...	...
157	Suicide by hanging or strangulation	...	...	...	...	...	...
158	Suicide by drowning	...	...	...	...	...	...
169	Accidental drowning	...	...	1	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	..	...	...	...	...	...
		2	4	2	....	2	....

RETURNS OF DEATHS OF INDIANS BY AGEN

	BABINE AGENCY.						
	I. GENERAL DISEASES.						
8	Whooping-cough	...	...	...	...	...	...
10	Influenza	...	...	...	...	...	1
28	Tuberculosis of the lungs	...	...	...	...	...	...
	II. - DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	...	...	...	...	...	...
	III. DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	...	...	...	...	...	...
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
92a	Pneumonia following influenza	...	...	...	...	...	...
	VII.—THE PUERPERAL STATE.						
135	Puerperal hæmorrhage	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
153a	Umbilical hæmorrhage	1	...	...	...	...	...
	OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	...	...	...	...	...	...
169	Accidental drowning	...	...	...	...	...	...
	XIV. ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	...	...	...	...	...	...
		1	...	...	...	...	1
	BELLA COOLA AGENCY.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	1	...	...	...	1	5
10	Influenza	3	4	2	...	...	3
20	Purulent infection and septicæmia	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
35a	Tuberculosis not specified	...	...	...	...	...	...
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	...	...	...	...	...	...
71	Convulsions of infants	...	...	1	...	...	...

JUNE (INCLUSIVE), 1919—*Concluded.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CIES, JULY, 1918, TO JUNE, 1919 (INCLUSIVE).

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1	2	3	1	5	13	3	4	4	4	4	....	3	3	4	2	1	....	....	2	....	....	29	32	61
2	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	4	7	11
....	1	1	1	2	2	2	3	1	1	....	....	3	1	....	1	....	....	....	....	....	....	14	17	31
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RETURNS OF DEATHS OF INDIANS BY AGENCIES,

No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1900.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BELLA COOLA AGENCY—*Concluded.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
93	Pneumonia following influenza	1	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
120	Hernia, intestinal obstruction	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	...	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	2	1	1	1	...	1
		8	5	4	1	1	9
	COWICHAN AGENCY.						
	I. GENERAL DISEASES.						
1	Typhoid fever	...	...	...	...	1	...
6	Measles	...	...	...	...	...	1
10	Influenza	...	1	1	1	3	1
28	Tuberculosis of the lungs	...	...	...	...	2	1
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	...	...	1	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	...	...	...	...	...	...
91	Bronchopneumonia	...	...	1	1	...	...
92	Pneumonia	...	...	...	...	...	...
92A	Lobar	...	...	...	...	...	...
92B	Pneumonia following influenza	...	...	...	2	2	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	...	...	...	...	...	...
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	...	1	...	...	...
152	Other diseases peculiar to early infancy	...	3	...	...	...	...
153	Prematurity	2	...	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	...	...	...	...
186	Other external violence	...	...	...	...	1	...
	XIV. ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	...	...	1	...	...	...
		3	4	5	4	9	3

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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4	1	3	8	2	8	2	4	3	2	....	....	1	....	1	3	5	4	....	....	3	....	41	41	82

RETURNS OF DEATHS OF INDIANS BY AGENCIES.

Cl.	CAUSE OF DEATH. (After the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	KAMLOOPS AGENCY.	M.	F.	M.	F.	M.	F.
	I.—General Diseases.						
10	Influenza	13	18	8	4	2	5
28	Tuberculosis of the lungs	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.						
80	Acute bronchitis	....	1	....	....	....	....
92a	Lobar pneumonia	....	....	....	....	....	....
92b	Pneumonia following influenza	....	....	....	....	1	....
	VII.—The Puerperal State.						
146	Following childbirth (not otherwise defined)	....	....	....	....	....	....
	VIII.—Diseases of the Skin and of the Cellular Tissue.						
147	Other diseases of the skin and annexa	1	....	....	....	....	....
	XII.—Old Age.						
174	Senility	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.						
169	Accidental drowning	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....
180	Other external violence	....	....	....	....	....	....
	XIV.—Ill-defined Diseases.						
189	Cause of death not specified or ill-defined	....	....	1	....	....	....
		14	19	9	4	3	5
	KOOTENAY AGENCY.						
	I.—General Diseases.						
10	Influenza	....	1	....	....	1	....
28	Tuberculosis of the lungs	1	....	1	....	....	....
28A	Tuberculosis not specified	....	....	....	....	....	....
	III.—Diseases of the Circulatory System.						
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.						
80	Acute bronchitis	....	1	....	....	....	....
92	Pneumonia	....	....	2	....	....	1
92b	Pneumonia following influenza	....	....	....	....	....	....
	XII.—Old Age.						
174	Senility	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.						
169	Accidental drowning	....	....	....	....	....	....
	XIV.—Ill-defined Diseases.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		1	2	3	....	1	1
	KWAWKEWLTH AGENCY.						
	I.—General Diseases.						
10	Influenza	....	....	....	1	....	1
28	Tuberculosis of the lungs	....	....	....	....	....	....
28A	Tuberculosis not specified	....	....	....	....	....	....

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
5	4	8	9	22	27	11	18	6	6	3	2	9	6	2	4	2	6	....	....	4	3	95	112	207
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5	4	10	9	27	29	11	19	8	6	4	2	10	6	3	4	3	6	....	....	4	3	111	116	227
2	1	1	1	2	3	1	1	....	..	....	....	....	1	....	1	....	....	....	....	..	....	7	9	16
1	....	1	1	....	....	....	....	....	....	....	....	....	..	....	....	....	....	....	....	....	1	4	2	6
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	KWAWKEWLTH AGENCY—*Concluded.*	M.	F.	M.	F.	M.	F.
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
	IV. DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	1	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
130	Diseases of the uterus	....	....	....	....	....	....
	XIV. ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		....	1	....	1	....	1
	LYTTON AGENCY.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
10	Influenza	13	21	1	....	2	2
14	Dysentery	....	....	....	....	....	1
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
31	Abdominal tuberculosis	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
48	Chronic rheumatism	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	....	1	....	....	....	1
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
92b	Pneumonia following influenza	....	....	....	....	....	1
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
153a	Premature	1	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
	XIV. ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	1	2	....	....	....	....
		16	24	1	....	2	5
	NASS AGENCY.						
	I.—GENERAL DISEASES.						
10	Influenza	....	1	....	....	....	1
28	Tuberculosis of the lungs	....	1	....	....	....	2
30	Tubercular meningitis	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....
35A	Tuberculosis not specified	....	1	....	....	....	....
37	Syphilis	....	....	....	....	....	....
37A	Syphilis and Tertiary	....	....	....	....	....	....

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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3	3	13	8	13	12	12	8	11	6	2	1	4	4	2	4	2	9	....	....	....	....	81	84	165
....	1	....	2	2	3	....	2	1	1	....	....	....	..	....	....	....	....	....	....	....	....	3	11	14
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

List No.	CAUSE OF DEATH. (Note the Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
		M.	F.	M.	F.	M.	F.
	NASS AGENCY—*Concluded.*						
	II.—Diseases of Nervous System and Organs of Special Sense.						
64	Cerebral hemorrhage, apoplexy	...	....	..	...	....	....
	III.—Diseases of the Circulatory System.						
78	Acute endocarditis	....	....	..	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	...
	IV.—Diseases of the Respiratory System.						
87	Acute bronchitis	1	....	....	....	....	....
92b	Pneumonia following influenza	...	..	1	....	1	....
	V.—Diseases of the Digestive System.						
104	Diarrhœa and enteritis (under 2 years)	....	1	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	...	....	..	....	....	1
	VI.—Non-venereal Diseases of Genito-urinary System and Annexa.						
122	Other diseases of the kidneys and annexa	...	....	....	....	....	....
	VII.—The Puerperal State.						
147a	Puerperal peritonitis	....	..	....	....	....	....
	XI.—Diseases of Early Infancy.						
171	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
	XII.—Old Age.						
174	Senility	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.						
175	Suicide by drowning	....	....	....	....	....	....
181	Other external violence	....	....	....	....	....	....
	XIV.—Ill-defined Diseases.						
184	Cause of death not specified or ill-defined	....	....	....	....	..	1
		2	4	1	...	1	5
	NEW WESTMINSTER AGENCY.						
	I.—General Diseases.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
56	Alcoholism, acute	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.						
92	Pneumonia	..	....	1	....	1	....
92b	Pneumonia following influenza	....	....	....	....	....	....
	VII.—The Puerperal State.						
148	Puerperal albuminuria and convulsions	....	....	....	....	....	....
		...	1	....	....	1	....
	OKANAGAN AGENCY.						
	I.—General Diseases.						
10	Influenza	....	....	1	....	....	1
28	Tuberculosis of the Lungs	1	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
46	Other tumours (Cancers of the female genital organs excepted)	....	....	....	....	....	....

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

List No.	CAUSE OF DEATH. (Abridged Bertillon Classification of Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	OKANAGAN AGENCY.—*Concluded.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
90	Bronchitis	..	..	..	..	..	..
93	Pneumonia (lobular and lobar)	1	1	..	..	1	..
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Abscess	..	..	..	..	..	..
	XII.—OLD AGE.						
174	Senility	..	..	..	..	..	..
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
187	Other accidents	..	..	..	..	..	..
179	Injuries by animals	..	..	..	..	..	..
	XIV.—ILL-DEFINED DISEASES.						
18	Causes not being well specified or ill-defined	..	..	..	..	..	..
		2	2	..	..	1	1
	QUEEN CHARLOTTE AGENCY.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	..	..	1	..	..	..
10	Influenza	..	..	..	..	..	..
28	Tuberculosis of the lungs	..	..	..	..	..	1
30	Tubercular meningitis	..	..	..	..	..	1
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	..	1	..	..	..	..
92a	Pneumonia following influenza	..	..	..	1	..	..
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	..	..	..	..	..	..
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	..	..	..	..	..	..
	XI.—DISEASES OF EARLY INFANCY.						
156	Prematurity	1	1	..	..	..	..
	XII.—OLD AGE.						
174	Senility	..	..	..	..	..	..
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
180	Accidental drowning	..	..	..	..	..	..
	XIV.—ILL-DEFINED DISEASES.						
180	Causes not being well specified or ill-defined	..	..	..	..	..	..
		1	2	1	1	..	2
	STIKINE AGENCY.						
	I.—GENERAL DISEASES.						
10	Influenza	..	..	..	..	..	..
28	Tuberculosis of lungs	..	..	..	..	..	..
30	Tubercular meningitis	..	..	..	..	..	..
31	Other tuberculous diseases of the internal organs (not specified)	..	..	..	..	..	..
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
70	Organic diseases of the heart	..	..	..	..	..	..

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	STIKINE AGENCY—*Concluded.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
82	Pneumonia	....	1	....	....	....	1
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	..	....	....	1	...
		....	1	....	....	1	1
	STUART LAKE AGENCY.						
	I.—GENERAL DISEASES.						
30	Influenza	2	3	2	3	4	5
37	Rheumatism	....	....	....	....	....	....
38	Tuberculosis of the lungs	....	....	....	....	....	....
38A	Tuberculosis not specified	..	1	....	..	1	1
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92B	Pneumonia following influenza	1	..	....	....	1	1
	VII.—THE PUERPERAL STATE.						
140	Following childbirth, not otherwise defined	..	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	2	....	....	....	....
	XII.—OLD AGE.						
154	Senility	..	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
186	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	2	1	....	....	1	2
		6	7	2	3	7	9
	WEST COAST AGENCY.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	....	....	....	1	....	....
9B	Tonsilitis	....	....	....	1	....	....
10	Influenza	1	1	1	....	1	2
28	Tuberculosis of the lungs	....	....	....	1	....	....
30	Tubercular meningitis	....	....	....	....	1	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
82	Pneumonia	....	1	....	....	....	....
92B	Pneumonia following influenza	....	....	....	1	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
141A	Childbirth following influenza	....	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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3	5	3	7	2	4	3	3	3	2	....	1	2	2	....	....	....	....	....	....	..	.	24	35	59
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1	1	3	5	....	2	3	3	4	3	1	..	1	1	..	1	2	2	....	....	..	...	17	19	36
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4	7	8	16	5	7	6	7	9	5	2	1	3	3	....	1	2	3	....	....	....	...	54	69	123
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	WEST COAST AGENCY—*Concluded.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	2	1	1	...	1	....
		3	3	2	4	3	2
	WILLIAMS LAKE AGENCY.						
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	1	....	....	....	....	....
		1	....	....	...	....	....

JULY, 1918, TO JUNE, 1919 (INCLUSIVE)—*Concluded.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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VICTORIA, B.C.:
Printed by WILLIAM H. CULLIN, Printer to the King's Most Excellent Majesty.
1920.

J.T.
DEPT. OF EPIDEMIOLOGY

PROVINCE OF BRITISH COLUMBIA

TWENTY-FOURTH REPORT

OF THE

PROVINCIAL BOARD OF HEALTH

INCLUDING

NINTH REPORT OF MEDICAL INSPECTION OF SCHOOLS AND THE FORTY-EIGHTH REPORT OF VITAL STATISTICS DEPARTMENT

FOR THE

YEAR ENDING JUNE 30TH, 1920

PRINTED BY
AUTHORITY OF THE LEGISLATIVE ASSEMBLY.

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1921.

PROVINCIAL BOARD OF HEALTH,

VICTORIA, B.C., June 30th, 1920.

To Colonel His Honour the Honourable EDWARD GAWLER PRIOR,

A Member of the King's Privy Council for Canada,

Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned has the honour to present the Report of the Provincial Board of Health for the year ending June 30th, 1920.

J. D. MACLEAN,

Provincial Secretary.

REPORT *of the* PROVINCIAL BOARD OF HEALTH.

PROVINCIAL BOARD OF HEALTH,
VICTORIA, B.C., July 31st, 1920.

Doctor the Honourable J. D. MacLean,
Provincial Secretary, Victoria, B.C.

SIR,—I have the honour to submit the Twenty-fourth Annual Report of the Provincial Board of Health.

The reports which I have presented in previous years have dealt mainly with the health conditions in the Province for the period reported on, and was a summary of the conditions coming under the purview of the Provincial Board of Health, and set out, from time to time, suggestions for the improvement of the service, and contained suggestions for hoped-for improvements in the health service of the community.

I am very pleased indeed to be able to report that there has been more real advancement in the administration of health-work than has occurred for many years.

Problems presented themselves to the Governments of the different countries following the war which awakened them to the fact that if their nations were to survive the great drain upon their resources, natural and human, which had taken place during the war, drastic measures would have to be taken to preserve the greatest asset of the nation, the human asset, in order that it could be fitted to take its place in the intense competition which must necessarily follow in the attempt to rehabilitate the different countries.

The disclosures of the ravages of unchecked but preventable diseases, the appalling figures that were disclosed as recording the infant mortality, were all recognized as indications of the fields upon which efforts would have to be concentrated if we were to provide for and ensure the physical well-being of the coming generation.

Great Britain recognized the national weakness during the war and as early as 1915 began to take measures, in the usual thorough manner, to evolve plans that in their production would provide for the lessening of the death-rate among the children, the ravages of disease among the adults, and particularly to provide means of bringing home to the people the idea of prevention of disease and correction of defects.

Canada immediately began active work through the Governments and through voluntary organizations. The people, with the statistics of the army before them, have awakened to the dangers, and the result has been a consequent strengthening of those in charge of public-health work. So insistent was the demand from the public that it took immediate effect and brought about the establishment of the Federal Health Department under the Ministry of Health. The Provincial officers of the different Provinces constitute for the Ministry of Health at Ottawa a Dominion Council of Health, and the meetings that have been held have been of unusual interest and have resulted in very practical measures being adopted.

It has been recognized that if we are to secure results commensurate with our efforts the primary consideration must be the education of the people. There never has been any lack in Canada on the part of legislative bodies of a desire to give legal effect to measures recommended by those trained in health matters, but to give general effect to this legislation has always been a difficult matter owing to the apathy of the public.

Within the past year we, in British Columbia, have not only been alive to the situation, but I am pleased to say have been pioneers in giving effect to many of the projects which heretofore have only been discussed in an academic way. We have recognized the fact that we must carry the gospel of health to the people, and in order to do this it would be necessary to have the people trained in health-work.

The University of British Columbia has established a Faculty of Nursing, being the first University to do so, and in connection with this has a course in public-health work. The academic portion of the course is carried on at the University; the practical work is carried out under the auspices of the Victorian Order of Nurses at Vancouver and at Saanich, on Vancouver Island.

This Department has always recognized the importance of the work and has for the past few years been endeavouring to make a beginning towards the establishment of health centres. Unfortunately, we were not able financially to carry on the work as quickly as we desired, but we did undertake an educational propaganda with the idea of interesting all of the voluntary organizations who had done such devoted work during the war. The Department has always felt that it would be a great pity if the united effort of the people could not be continued in the war against disease in as effective a manner as had been done in the war against the Germans, and we have been particularly fortunate in the response which we have received, more especially from the Women's Institutes.

At the beginning of our year the Red Cross held an International Conference at Cannes, in which it was decided that the organizations should remain intact, and a programme was adopted for their peace-time work, which may be briefly epitomized by saying that it is intended to be for "the improvement of health, the prevention of disease, and the mitigation of suffering." This programme was adopted by the Red Cross throughout the world, and in Canada the organization immediately began work along these lines.

A meeting was held at Toronto, at which representatives of the organizations and governmental health agencies were present, and it was decided that the Red Cross should work in conjunction with the governmental authorities in the different Provinces, and they have done so in British Columbia in the same whole-hearted measure in which they carried out their work during the war. Their advent into the field gave an impetus to the public-health scheme of the Government, and with their financial assistance, which took the form, first, of an endowment of a chair of public health in the University; second, financial assistance to the training centres of the Victorian Order; and, third, granting of assistance towards the maintenance of public-health nurses in the field, we have been able to open, during the summer, eight health centres and have others in view to be filled as soon as arrangements with the local bodies can be brought about.

The plan of the Department is to ask that a Health Committee be appointed, being composed of representatives of each organization that is in existence in the locality, and with whom the nurse will deal.

The work is not charity, but all people are to be attended to by the nurse whether they can pay or not, and the Red Cross stands ready to guarantee the salary until such time as the people become educated to the idea of putting the centre on a self-sustaining basis.

We have in view in this programme the idea of awakening the people to a sense of their own obligation, to create a demand for public-health nursing, and to stimulate the voluntary organizations to take an important and active part in these efforts.

That we have made such a successful start in British Columbia is due to the fact that the financial assistance given by the Red Cross has enabled us to coalesce the various efforts that were being made by the different bodies and has enabled us to give a practical demonstration of the work.

In order to build up our great national human asset we have to take into account in our work tuberculosis, infant mortality, prenatal and postnatal ignorance, inadequate hospital care for the sick, lack of supervision in the health of the school-children, ignorance of the most elementary knowledge of personal and home hygiene, and of first aid of all sorts. To carry out this programme to a successful issue means long and earnest endeavour, full co-operation amongst those interested, and every effort made to secure the intelligent co-operation of the people themselves through their education by the trained public-health nurse.

In addition to the above activities, the Provincial Board of Health, under your directions, have given effect to the legislation introduced by yourself in regard to the suppression of venereal diseases.

The plan adopted is a uniform one for the Dominion as a whole. The Ministry of Health at Ottawa has recognized the fact that the problem is a Dominion-wide one, and if it is to be dealt with successfully must be dealt with through concerted efforts of the different Provinces under the lead of the Ministry of Health at Ottawa. Recognizing this, the Dominion Parliament has made a financial grant to the Provinces on a *per capita* basis, conditional on an equal amount to the grants being furnished by the Provincial Treasuries. The physicians have been required to report these cases, and in order that there can be no obstacle in the way of treatment Govern-

ment dispensaries have been established, placed under the charge of expert men, where any one may receive treatment, so that lack of finances may not be an obstacle for the treatment of these cases.

We have made a splendid beginning. The movement is Dominion-wide. A National Committee for combating Venereal Diseases has been formed which will undertake the educational propaganda, and there is at present under preparation literature for distribution.

It is the intention to ask for, and we feel sure of receiving, the full co-operation of the churches in order that the public may be awakened to a sense of the real seriousness of the question of the venereal diseases. Syphilis is not only widespread in our population, but it ranks first in our list of fatal diseases.

In addition to the establishment of the dispensaries, the Government has made a very decided advance, under your direction, in the establishment of Public Health Laboratories. A laboratory had been opened before the beginning of the war, but owing to all our men going to the Front it could not be carried on. It was felt, however, that with the advent of the venereal campaign one laboratory would not provide the necessary facilities for carrying on the work, and arrangements have been entered into with the Jubilee Hospital of Victoria and the Vancouver General Hospital whereby the laboratories in connection with these institutions will become Provincial Health Laboratories. The matter was laid before the Councils of these two cities and they have given financial assistance in return for all of their health-work being done free. The Government has also assisted the laboratories financially, and we now are in a position to provide full laboratory facilities for health-work for the entire Province.

The University authorities have co-operated, and in this advance movement we have laid a foundation for a work that will ultimately develop into a laboratory manned by experts in the University, who will be able to handle all questions on health, water, and sewerage which may arise throughout the Province.

The laboratory facilities provide for all venereal work, and in addition the Department is giving to the doctors free salvarsan for all cases of venereal disease reported.

Another phase of health-work which has received attention from your Department is that of child-welfare. The returns from the different Vital Statistics Branches throughout the Dominion have shown a lamentable number of deaths under one year. Voluntary organizations who were devoting their energies to health-work were much alive to this fact, and by the establishment of child clinics, instituting baby weeks, mothers' leagues, and similar efforts, endeavoured to arouse public opinion to recognize the seriousness of the situation. Their efforts were disjointed, overlapped, and were practically barren in results. It was felt that if real results were to be obtained co-operation between the organizations must be secured, methods standardized, and a Dominion-wide educational propaganda carried on.

The Canadian Public Health Association, recognizing this, undertook to create a permanent Child Welfare Branch, and made such representations to the different voluntary organizations engaged in the work that it has been decided by all concerned that a Dominion-wide plan should be evolved and carried out under the auspices of the Canadian Public Health Association assisted by the voluntary organizations. A permanent secretary has been engaged and a conference has been held by those interested. A Dominion committee will be formed, literature will be supplied, and the work carried out in such a way that we are confident in a very short time will show a rapid decline in the infant mortality.

The work will embrace not only the care of the child, but will begin with prenatal work, include maternity-work, and continue with the child under supervision until he goes to school, after which the child will come immediately under the charge of the Medical Inspection of Schools, which has been adopted in British Columbia and in other Provinces.

The voluntary organizations throughout the Dominion have expressed full approval of the plan as outlined above, and each will continue in their own particular activity, preventing overlapping and following out a definite Dominion-wide scheme.

The departments of the Board have been active in carrying out their regular work and the Sanitary Inspection Report is included.

I have to again acknowledge our indebtedness to the work that has been done in the inspection of the outlying camps by the Provincial constables. Their work is carefully carried out and their reports keep the Department fully informed of conditions. Where complaints are made requiring special inspections these are provided for.

We are to be congratulated upon the very great improvements that are being made in the sanitary conditions of the camps. Our most severe critics, of course, are the men who are working in the camps, but during the past year the men are acknowledging that the enforcement of the regulations is bringing about conditions that are satisfactory. It is our purpose to continue with this work in as an effective manner as possible.

Our Medical Officers of Health have reported to the Department much better during the past year, and while our table, which is published in this report, shows an apparent increase in the number of cases of infectious diseases, this is due to the greater care which is being given to the reporting by the physicians.

Smallpox.—At the beginning of the year smallpox appeared in the Eastern Provinces, particularly in Ontario, and gradually spread West. In August, 1919, it appeared in the Fraser Valley amongst the hop-pickers, and when the hop-pickers dispersed we were troubled by sporadic outbreaks. One death only has been reported, although 576 cases of smallpox were noted. The attack, in the majority of cases, was very mild, and many of these cases were reported as chicken-pox, which also shows a large increase during the past year.

The Department took advantage of the knowledge of the threatened epidemic and asked all the School Boards to enforce the Act in regard to the vaccination of the school-children. I am pleased to say that about 80 per cent. of the school-children of British Columbia have been vaccinated during the past six months. Some opposition was raised by the anti-vaccinationists, but this opposition had very little effect, and it was very encouraging to note the almost unanimity of the concurrence of the School Boards in carrying out the requests of the Provincial Board of Health.

Diphtheria.—There was during the past year a threatened outbreak of diphtheria in and around Vancouver. Some 292 cases were reported with twenty deaths in that section. Prompt measures were taken by Dr. Underhill, the Medical Health Officer of Vancouver, and the disease was stamped out. There were, in the other parts of the Province, seventy-two cases reported with five deaths.

Typhoid Fever.—The number of cases reported of typhoid fever show a very satisfactory decline. The improvement in this respect has been marked during the past eight years.

Measles.—This is the most prevalent and one of the most infectious of acute diseases, and one with which, from the public-health point of view, it is most difficult to deal. This is largely due to the fact that the general public and even the physicians discount its great importance. The public do not realize that measles gives more deaths than infantile paralysis, smallpox, or scarlet fever, and it is to be regretted that it is treated with the contempt usual to familiarity.

Spanish Influenza.—There was a recurrence of the Spanish influenza in January, February, and March. At first it appeared as if we were to have a repetition of the same severity that occurred in the year previous. Fortunately, the disease was very sporadic. The people were better informed as to precautions to be taken and there was nothing approaching the public fear that was apparent in the first epidemic. At first it appeared in the Capital City of Victoria and subsequently in Vancouver. Victoria seemed to be more affected than any other part of the Province.

There has during the past year been a remarkable decrease in the number of deaths in British Columbia and a phenomenal increase in the birth-rate. The figures are set forth in the report of the Vital Statistics Branch which accompanies this report.

During the year the forms in the Vital Statistics Branch were changed to comply with the terms of the agreement with the Statistical Board at Ottawa for a uniform form to be used throughout the Dominion.

The work in our Department has shown a great increase in all of its branches.

Mr. Munroe Miller, for many years Deputy Registrar of Births, Deaths, and Marriages, retired from active work, much to our regret. During Mr. Miller's incumbence of office great changes had taken place, and it was largely due to his initiative that the Vital Statistics Branch was placed upon a very firm basis. He was indefatigable in his work and leaves with the sincere regret of the staff.

The extension of our work and the growth of the different branches of the Department will necessitate, in the near future, a request to you for additional appointments to the staff.

The reports for the Medical Inspection of Schools is appended.

We have continued, as in the past, to supply vaccine free of cost and have during the year sent out the following: 45,018 points smallpox vaccine; 394 doses typhoid vaccine; 2,081,000 units diphtheria antitoxin.

There have been sporadic outbreaks of disease as follows: Measles, Burnaby Municipality, Matsqui Municipality, Nelson, and Enderby; whooping-cough, Chilliwack, Enderby, Nakusp, and Matsqui Municipality; mumps, Creston; chicken-pox, Matsqui Municipality; influenza, Barkerville, Creston, Cowichan District, Enderby, Grand Forks, Greenwood, Kelowna, Kitwanga District, Lytton, Matsqui Municipality, Merritt, Nelson, Slocan, Ocean Falls, Port Coquitlam, and Nakusp.

Cemeteries approved: Quamichan Extension, Tappen, Silver Creek, and Sorrento.

Water-supplies approved: Powell River, Courtenay, Prince George Extension, South Wellington, Princeton Extension, Dry Belt Utilities, Limited, at Walhachin, and Caulfields waterworks system.

Watersheds created: Mosquito Creek, North Vancouver; and Fairy Creek, Fernie.

Sewerage: Trail Extension and Powell River.

I would like to take this opportunity of acknowledging very gratefully the earnest co-operation which I have received from all the members of my staff. They are very interested in their work and are loyal to the Department. I am very pleased indeed to take this opportunity of expressing my appreciation of their efforts.

I feel with the present report that we are able to report more solid advancement in health-work than it has been our privilege to do in any year previous. The work for the future looms large, but with the earnest co-operation of the voluntary organizations we may hope to obtain results that will justify all of our efforts and expenditures.

I would like, sir, to extend to you personally my appreciation of your sympathy with the work and your very real and earnest encouragement that has made the work in the Department a pleasure.

I have the honour to be,
Sir,
Your obedient servant,

H. E. YOUNG,
Provincial Officer of Health.

TABLE SHOWING RETURNS OF CASES OF CONTAGIONS IN THE PROVINCE.

District.	Infantile Paralysis.		Tuberculosis.		Mumps.		Leprosy.		Typhoid Fever.		Scarlet Fever.		Small-pox.		Diphtheria.		Chicken-pox.		Whooping-cough.		Scarlatina.		Erysipelas.		Measles.		Sleeping Sickness.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Abbotsford													2															
Adelphi																											1	
Agassiz													7															
Alberni and District			1																						5		1	
Anyox			3	1									14															
Armstrong and District													9															
Ashcroft and District			2		3						1																	
Blind Channel																												
Blubber Bay									1																1			
Britannia Beach			3	2							12		2		14		7		35		3				25			
Burnaby																											1	
Campbell River			1	1					1				15												1			
Chase									5		1		34															
Chemainus and District			3								2		9												5		2	1
Chilliwhack District													1															
Clayoquot									1																			
Clinton					10								7															
Corbin									2				1															
Cowichan													20												1		7	
Cranbrook			1								8												2		4			
Creston and District											2				1													
Cumberland			1																									
Delta Municipality			3																									
Duncan			1										5															
Edgewood and District													28														1	
Enderby and District			2																						2			
Esquimalt					2						5		4		1													
Fernie																									8			
Field																			75						7			
Gibson's Landing																									3			
Golden											4				1	1									4			
Grand Forks and District																									1			
Greenwood and District			3																						37			
Hazelton and District													2		3	1												
Hedley and Similkameen Valley																									2			
Howe Sound					1										1				23	1					4			
Islands District			17								33		16										2	1				
Kamloops and District									5																			
Kaslo			25	5					1		35						200								25			
Kelowna and District																			2									
Lucerne													42		1													
Lytton and District													1															
Martin's Prairie			2	2															30						65			
Matsqui Municipality			5	1	60								1				34		75	1					9			
Merritt and District	4		7	1							6	1																
Michel													174		2										17			
Mission and District													7												2			
McBride																												

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GENERAL REPORTS.

SANITARY INSPECTION.

SANITARY INSPECTOR'S OFFICE.
VICTORIA, B.C., July 31st, 1920.

H. E. Young, M.D., C.M., LL.D.,
Provincial Officer of Health, Victoria, B.C.

SIR,—I have the honour to submit for your consideration my Tenth Annual Report on Sanitary Inspection for the Provincial Board of Health.

The predominant feature of my work during the year just closed is the inspection of industrial camps. Logging and mining camps in this Province stand out most prominently in British Columbia's industrial life, and none shows more signs of progress or, I might say, evolution along educational and sanitary lines. I can say this: that through the worker's co-operation, both individually and collectively, more has been accomplished during the past two years than for ten years previously. In many instances the operators or employers have been brought to recognize the value of co-operation in camp-welfare work, and in many camps the general furnishings and equipment for the sanitary comfort and recreation of its men is worthy of mention. The writer was recently inspecting a logging camp not one hundred miles from Vancouver, and found it as follows: Site, clear and open, well drained, 300 yards from a small lake used for swimming in summer and skating in winter; bunk-houses arranged on the four-bunk compartment plan, each bunk provided with small sliding window to enable occupant to arrange ventilation to suit each individual. Between each bunk-house is a battery of flushing-toilets. One building conveniently placed has shower-baths with hot and cold water, good clean dressing-rooms, laundry and drying-rooms attached, and the company has in operation a modern equipped laundry with staff for those who wish to patronize it. The dining-room is a large frame structure with walls of white plaster and cement floor, with a seating capacity for 150 men; a spotless oilcloth covered the tables. The kitchen is equipped with every modern device for the sanitary handling of food; reading and billiard room is provided and very well patronized. The camp is electrically lighted and a modern well-designed septic-tank system takes care of the sewage. The only fly in the ointment found by your Inspector was that of defective plumbing in the kitchen, the sink being connected to the main sewer without trap, vent, or grease-trap. Remedial orders were given at once and the Inspector thanked for having detected the omission.

I regret that this sort of camp in British Columbia is an exception and not the rule. This camp serves as a model and the efforts of the Department are concentrated on bringing all others into line. The Department's regulations in regard to the sanitary requirements are framed with the idea of making the housing and living conditions such as will satisfy and hold the best men. Our sanitary regulations are constantly being revised to fit the changing conditions and demands.

There is no decrease in the number of logging and mining camps being operated, and it is only the scarcity of labour which prevents increased development along those lines. The general trend of living and health conditions are improving in no uncertain manner.

The watershed regulations providing against the pollution of water or areas supplying public waterworks have so far attained the desired results, and our vigilance in that direction has in no manner relaxed.

During the past year we have been able to cope with many sewage-disposal problems for towns, villages, and camping communities. It is very gratifying to note the trend of public interest in sanitary welfare. People of every class are seeking information from the Health Officer, and there is a tremendous field awaiting your officers if properly equipped. The Honourable Minister has already given a sympathetic ear, but much is yet needed.

Numerous nuisances have been investigated and abated. In some instances an investigation has reflected local municipal apathy in matters which must eventually threaten the public health. Insanitary conditions arising from squatters camping on foreshores near our cities have received special attention, and the necessity for the adoption of drastic measures is becoming more apparent owing to the great increase in the summer population at the beaches. The service rendered by the departmental launch has been invaluable in this work.

Salmon-canneries.

The Fraser River, famed for its sockeye salmon, has for the time being, at least, lost prestige, but in the meantime our northern waters are giving an abundance of the best salmon known in the world. The season up to this writing is much better than anticipated. A periodical visit of inspection is made to all the canneries operating. The methods used in preparing the British Columbia salmon for export is most ingenious and sanitary. After leaving the fish-boat it is scarcely handled by hands again. Modern machinery in almost human form cleans, guts, cooks, weighs, and tests every particle before being cased. There is no food canned on this continent with more rigid inspection and care than British Columbia salmon. Every cannery is subject to inspection, both as regards the fish, raw, in preparation, or ready to ship, and also the cannery premises, equipment, and employees. The canneries are scattered along our 6,000 miles of sea-front and the inspection of these plants consumes considerable time in travel.

Summer Resorts.

The British Columbia seaside resorts are being well patronized this year, fully one-half of our population spending several months in "God's out-of-doors"; the children, of course, being the majority. This Department has been called into action at several places to settle water or sewage-disposal problems. The distribution of health literature at these places seems to be appreciated, and it is suggested that a picture-screen propaganda of health would be of great value. This could be operated from the deck of the departmental launch at small expense.

Too much cannot be said in praise for our Provincial Police in their sanitary-inspection work; without their service we should be compelled to employ a number of men, leading to overlapping and duplication of work.

I have, etc.,

Frank DeGrey,

Chief Sanitary Inspector.

Sanitary Inspector's Office,
Victoria, B.C., July 26th, 1920.

H. E. Young, M.D., C.M., LL.D.,
Provincial Officer of Health, Victoria, B.C.

Sir,—I beg leave to submit the following report of public-health and sanitary work done by me between December 1st, 1919, and June 30th, 1920:—

My whole time for more than six weeks in January and February was occupied in unsuccessfully endeavouring to stamp out a very widespread outbreak of varioloid in a territory about 100 miles square, with Kamloops as the centre. It was among both whites and Indians. Among the former it was easy to control as they would observe quarantine, which the Indians would not do, and there seems to be no legal machinery in existence, either Federal or Provincial, which can enforce quarantine upon an Indian reserve. As there are more than a thousand Indian reserves scattered throughout this Province, it is apparent what a constant source of danger they are in the matter of contagious diseases. We were not even able to prevent them moving about from one reserve to another. To this cause I attribute the very wide distribution of the disease, which still exists among the Indians on some reserves.

I beg leave to urge that the Provincial Government do not cease its efforts with the Federal Government until adequate means are provided for the efficient control of contagious diseases upon Indian reserves.

I wish here to pay my tribute of appreciation to the Provincial Police for the willing and efficient assistance given me in my work wherever I have needed it.

From time to time during my tour of hospital inspection I visited, at your request, certain industrial camps concerning the sanitary condition of which complaints had reached the Department. With few exceptions, these camps, while far from perfect, were in reasonably good condition—very much better than the average of such camps, say, five years ago. There was evidence in some cases that during the winter months there had been some overcrowding. The ventilation and lighting of many were not as efficient as they should be. Almost without exception I found owners and operators willing and anxious to have their camps conform to the

Department's regulations. Many expressed the wish that the Department would prepare and supply plans and specifications of camps of different sizes and for different industries and varying climatic conditions, in order that in building new camps they could be sure to comply with the regulations, as it is cheaper and better to build right in the first instance than to alter after construction. I am of the opinion that if this were done the Department would obviate many complaints and save the expense of many special inspection trips.

I examined the sanitation of a considerable number of rural and village schools. These were usually in a satisfactory condition, excepting the latrines, which were nearly always in a more or less filthy condition and not fly-proof. Much improvement would result from the provision of urinals and seat-covers closing automatically.

The following is a summary of the public-health and sanitary work done by me in the intervals of my hospital-inspection work:—

December 19th to 31st, 1919. Inspected five construction camps and visited Enderby *re* varioloid.

January, 1920. Went from Nelson to Hope and Kamloops *re* smallpox; visited Louis Creek, Squam Bay, Ducks, Pritchard, Chase, Salmon Arm, Heywood's, Martin's Prairie, Duck Range, Grande Prairie, and Falkland.

February, 1920. Disinfected and discharged all smallpox patients at Kamloops and vicinity. Visited Ducks, Harper's, Anderson Creek, and Lac du Bois Schools to vaccinate. Assisted in inspection of dairies at Nelson. Inquired into smallpox situation at Creston.

March, 1920. Inquired into smallpox cases at Cranbrook; inspected camps at Mineola, Allenby, and sanitation of South Wellington.

April, 1920. Inspected thirteen camps on line of Grand Trunk Pacific Railway and sanitary condition of seven school premises. I investigated source of cases of typhoid fever occurring in February at Terrace. Inspected four camps on Graham Island; also sanitary conditions of Stewart, Port Clements, and Buckley Bay.

May, 1920. Examined sanitary conditions at Anyox, Alice Arm, and Ocean Falls.

June, 1920. Inspected nine camps on line of Pacific Great Eastern Railway and school premises at Quesnel.

I have, etc.,

E. C. ARTHUR,
Travelling Health Officer.

MEDICAL INSPECTION OF SCHOOLS.

Provincial Board of Health,
Victoria, B.C., July 31st, 1920.

Doctor the Honourable J. D. MacLean,
Provincial Secretary, Victoria, B.C.

Sir,—I beg leave to submit the Ninth Annual Report of the Medical Inspection of Schools for the Province of British Columbia.

In dealing with the results of the inspection of the school-children of British Columbia as reported by the Medical Inspectors, it is difficult to form an adequate opinion of the results of this work from the perusal of a single report. The tables which accompany the report show, on the face of it, the existence of defects in a large percentage of our school-children. In order, however, to get an adequate idea of the results of the work, comparisons must be made with previous reports and also notice taken of the comments made by the Medical Inspectors and school-teachers, particularly those teachers who have been in the one position for a number of years.

There can be no doubt of the progress that is being made. Greater attention is being paid to the physical defects of the children by the parents, and the parents are beginning to realize that the examination is not a perfunctory work done once or twice a year, but that the records obtained from the successive examinations are kept and improvements carefully noted, and also careful note made of the neglect on the part of the parents.

The one great difficulty that we have experienced heretofore is the fact that the examination of the medical men is an examination only, and as the defects, in the majority of cases, are not causing pain or discomfort to the pupils, the parents are apt to put off to a more convenient time attention that should be given immediately. Parents are naturally anxious to have their children healthy and to feel that they are physically in as good condition as their neighbour's children, but, unfortunately, they do not recognize that the existence of defects in the child will produce results, slow but sure, that will eventually appear and for a certainty retard their mental development.

Steps are being taken now by the Department towards the establishment throughout the country of public-health centres under the supervision of trained nurses. The duty of these nurses will be to take the cards from the school and go to the parents and carefully explain to them just what the conditions are and what should be done to remedy them. This we call "follow-up" work, and it is producing remarkably good results.

There are a great number of schools in the Province and it will be some time before we can have all of the territory covered, but a splendid beginning has been made, and in the near future the rural districts will have the same care for the children that we have now in the cities, where permanent staffs of medical men and nurses are employed.

The Department has been asking for, and receiving, co-operation from the women's organizations in this work, because we feel that it is only by co-operation of the home and the school that we can hope to continue the good work initiated by the provisions of the "School Health Inspection Act," and there is one particular organization—namely, the Women's Institutes—that can be an immense factor in the work.

I look upon the institutes as one of the greatest agents for good as between the Government and the people that there is in existence. This is an organized society now, well established, with definite objects and aims, and as a going concern it can use machinery to facilitate the work of the Department in respect to health matters in the Province, and more particularly in reference to the rising generation. It is a subject-matter that is dear to the hearts of all women, who look upon it as their duty, and when the incentive of duty is backed up by the personal interest which every member feels there can be only one result; that is, to bring about at least an approach to the ideal conditions which we all have in mind. Physical perfection must and does go hand in hand with spiritual welfare. There is no use to try to uplift the morals of the rising generation if the environment is, if I may use the term, materially immoral.

Every school-house should be a model as to cleanliness, heating, ventilation, lighting, and means of recreation. No child is permitted to be unclean. The children from a school properly

conducted as to health-giving conditions form healthy habits which stay with him through life. He thinks in after-life of his teeth, eyesight, and ears. He wants plenty of fresh air always. He knows that he must be clean for his own sake as well as for his neighbour's sake. He knows that the house-fly is a carrier of pestilence. He knows many things that become matters of life-long habit with him, because in a well-conducted school at the age when his habits were formed he was taught by precept and example what it means to live a clean and efficient life. School hygiene is of immediate and vital interest to every community. It is part of the great business of every community in the way of making and keeping the people well. The school should be a model for the community in cleanliness and health-giving conditions.

And this we can obtain by systematic effort, by personal interest, and by the exertions of your institutes. I would like if the Women's Institutes would consider the school-houses of British Columbia their immediate responsibility; that as members of the institute, as taxpayers, as voters, and as citizens concerned with the welfare of the community, they should feel that it is their bounden duty to exert all their influence upon those in charge of the school buildings to keep them up to the point of discharging their duties and to see that the buildings their children use during a portion of each day are as clean and as fit for habitation as the homes that they use for the balance of the day.

I have, etc.,
H. E. YOUNG,
Provincial Officer of Health.

SCHOOLS INSPECTED.

Medical Inspectors: 142.
Reports from Medical Inspectors: 116.

HIGH SCHOOLS.

High schools, 45. 1918-19: Reported, 18. 1919-20: Reported, 19.
Pupils inspected: 1918-19, 2,013; 1919-20, 2,020, an increase of 7.

GRADED CITY SCHOOLS.

Cities, 35. 1918-19: Reported, 24; not reported, 11. 1919-20: Reported, 23; not reported, 12.
Pupils inspected: 1918-19, 29,366; 1919-20, 27,278, a decrease of 2,088.

RURAL MUNICIPAL SCHOOLS.

Municipalities, 27. 1918-19: Reported, 18; not reported, 9. 1919-20: Reported, 20; not reported, 7.
Pupils inspected: 1918-19, 11,869; 1919-20, 13,154, an increase of 1,285.

RURAL AND ASSISTED SCHOOLS.

Schools inspected: 1918-19, 354, at a cost of $5,835.80; 1919-20. 442, at a cost of $7,041.50.
Schools not inspected: 1918-19, 171; 1919-20, 108.
Pupils inspected: 1918-19, 8,396; 1919-20, 9,955, an increase of 1,559.
Cost of inspection per pupil: 1918-19, 69½ cents; 1919-20, 71 cents.
Percentage of defects: 1918-19, 90.13; 1919-20, 91.52, an increase of 1.39.

HIGH

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
[illegible]	J. C. Henderson		116	109	..	....	6	1	....	6	15
[illegible]	W. Truax		60	60	...	...	2	....	....	....	8
Kamloops	M. G. Archibald		73	71	....	....	....	....	....	.....	4
Kelowna	W. J. Knox		68	63	...	....	3	...	....	2	3
Ladner	A. A. King		32	32	...	....	3	....	....	....	4
Nanaimo	W. F. Drysdale		112	112	....	.	6	1	...	4	25
Nelson	Isabel Arthur		202	171	....	....	25	1	2	5	34
Penticton	William Buchanan		16	15	....	....	1	....	....	....	....
Prince Rupert	Neil M. McNeill		88	76	....	....	9	....	....	....	2
Revelstoke	J. H. Hamilton		101	98	....	....	9	1	....	1	9
Summerland	F. W. Andrew		48	30	....	...	9	....	....	3	3
Trail	W. A. Coghlin		47	47	....	...	11	3	...	....	3
Vancouver:											
Britannia	R. Wightman and B. H. Wilson	E. G. Breeze	455	231	....	....	24	4	7	2	23
Cecil Rhodes	R. Wightman and M. P. Hogg	"	196	48	....	....	4	1	....	....	7
King Edward	" "	"	803	207	3	....	27	1	....	....	23
King George	" "	"	394	66	1	....	6	1	1	....	2
Kitsilano	" "	"	188	80	....	....	3	2	....	1	9
Vancouver, North	E. A. Martin	Mrs. Brown	174	169	...	....	5	3	1	4	17
Vancouver, South	L. O. Griffin	Miss Edwards	365	335	10	....	39	7		13	71

GRADED CITY

Alberni	A. D. Morgan		110	110	6	1	2	...	6	2	9
Armstrong	P. D. van Kleeck		....	248	19	....	46	7	28	36	42
Chilliwack	R. McCaffrey		355	330	....	1	10	1	2	30	28
Cranbrook:											
Central	F. W. Green		410	351	....	....	....	....	....	1	60
Kootenay Orchards	"		23	18	....	....	1	...	3	3	3
Grand Forks	W. Truax		356	356	....	2	28	....	44	12	58
Kamloops	M. G. Archibald		527	500	...	....	2	....	12	14	57
Kelowna	W. J. Knox		425	393	3	....	18	4	....	9	14
Merritt	G. H. Tutill		325	290	1	....	10	....	9	11	50
Nanaimo:											
Central	W. F. Drysdale		502	456	....	....	22	....	42	135	189
Quennell	"		308	302	...	....	9	....	29	115	121
Middle Ward	"		168	163	1	....	4	....	23	51	78
South Ward	"		122	111	....	....	1	1	14	37	62
Nelson	Isabel Arthur		700	666	13	2	53	5	18	48	149

SCHOOLS.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
9	1	24	Anæmia, 1	....	....	....	....	....	Good	Yes.
4	....	1	.....	....	10	....	....	.....	Crowded; poorly ventilated and heated	Not clean; not adequate.
12	....	24	Cardiac, 1	....	....	....	....	.....	Very good	Clean and adequate.
....	....	8	Bronchitis, 1; indigestion, 2.	....	....	....	....	Mumps; chicken-pox; scarlet-fever	Modern	Good.
....	14	....	.....	....	....	....	....	Vaccinated, 20; non-vaccinated, 3	Modern	Flush.
18	....	22	Eczema, 1	....	....	....	....	Measles, 9	Old wooden building in need of repairs	Good.
25	..	25	Heart-murmur, 1; skin, 1	....	1	....	....	Measles, 1; influenza; diphtheria, 1	Very good	"
....	....	15	.....	....	..	....	....	.....	Satisfactory	Satisfactory.
10	1	...	Anæmia, 1	....	....	....	....	.....	Adequate	Adequate.
1	....	1	Endocarditis, 1	....	....	....	....	Measles; chicken-pox; influenza	Good	Good.
12	3	2	.....	....	....	....	....	Measles, 12	Poor repair	Insufficient.
18	6	..	Deformed finger, 1	....	....	....	....	Vaccinated, 21; not vaccinated, 26	.....	.....
92	....	44	Vaccinations, 104; heart, 22	....	....	....	....	Diphtheria; scarlet-fever; mumps; measles; influenza; whooping-cough	Fair ventilation	Clean and adequate.
8	....	7	Vaccinations, 14	....	....	....	....	Diphtheria; scarlet-fever; influenza; small-pox; mumps; whooping-cough; measles	" "	Clean and adequate.
53	1	13	Vaccinations, 53; pulmonary, 2; heart, 7	....	....	....	....	Diphtheria; scarlet-fever; mumps; measles; influenza; whooping-cough	" "	Clean and adequate.
7	1	6	Vaccinations, 50; heart, 4	....	....	....	....	Diphtheria; scarlet-fever; mumps; measles; influenza; whooping-cough	Bad ventilation	Fair.
10	....	9	Vaccinations, 41	....	....	....	....	Diphtheria; scarlet-fever; mumps; measles; influenza; whooping-cough	Fair ventilation	Clean and adequate.
20	1	10	.....	....	....	....	....	Influenza	Good	Clean and adequate.
76	4	37	Cardiac, 2; nervous, 2	....	....	....	....	Measles, 8	O.K	O.K.

SCHOOLS.

30	4	4	.....	....	....	....	....	Tonsillitis; influenza	Good	Clean.
180	22	31	.....	....	....	....	....	Measles; whooping-cough	.....	Fair.
45	....	19	.....	....	....	....	....	Scarlet fever, 1	Good	Good.
151	3	17	Pulmonary, 1; orthopædic, 1; Cardiac, 1	....	....	....	....	.....	"	"
8	1	...	.....	....	....	....	....	Mumps; influenza	"	"
97	12	4	Chorea, 1; congenital dislocation of hips, 1	14	6	1	...	Influenza	"	Clean and adequate.
262	....	29	Cardiac, 1; soriasis, 1; infantile paralysis, 1	....	....	....	....	.....	Crowded, but well heated and ventilated	Not very clean or adequate.
42	....	181	Affected hearts, 4; flat feet, 3; blind in one eye, 2; hay fever, 2; anæmic, 3; albino, 2; hernia of ischiatic, 1; bladder cases, 2	..	....	....	....	Mumps; chicken-pox; measles; scarlet-fever	Good	Good.
106	50	56	Cardiac lesions, 2	1	...	1	1	Influenza, 60; chicken-pox, 30; whooping-cough, 25; measles, 2	Satisfactory	Yes.
36	....	16	Eczema, 8; curvature of spine, 2; hip-joint, 1; conjunctivitis, 1	7	....	....	....	Diphtheria, 2; mumps, 109	Good	Good.
15	....	27	Curvature of spine, 1; fractured arm, 1; hip-joint, 2; eczema, 1; deformed chest, 1	....	....	....	....	Mumps, 66	"	"
18	....	1	Curvature of spine, 1	....	..	....	..	Measles, 43	Badly in need of repairs	"
5	....	....	.....	2	....	....	....	Measles, 44	Fair	"
346	....	141	Chorea, 2; anæmia, 1; heart-murmur, 2; talipes, 1	1	9	5	4	Measles, 300; mumps, 10; chicken-pox, 20; influenza	Good	Clean and adequate.

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Port Alberni	C. T. Hilton		110	101	6	....	24	2	4	4	28
Port Coquitlam:											
Central	G. A. Sutherland		121	117	2	....	10	5	18	23	20
James Park	"		78	70	....	....	4	...	16	16	18
Prince Rupert	Neil M. McNeill		621	586	9	2	36	3	13	35	82
Revelstoke:											
Central	J. H. Hamilton		232	218	....	....	13	2	....	4	14
Selkirk	"		274	263	....	....	5	....	10	18	42
Ressland:											
Cook Avenue	J. W. Coffin		42	42	....	....	1	....	....	....	....
Melean	"		453	453	3	...	4	2	....	2	8
Sandon	E. E. Topliffe		51	49	6	1	9	....	1	1	23
Slocan	W. E. Gomm		64	60	....	....	2	....	....	...	23
Trail:											
Central	W. A. Coghlin		464	458	1	....	34	7	....	25	68
Tadanac	"		32	29	....	....	6	....	....	6	6
Trail, East	"		41	36	....	....	7	....	....	6	10
Vancouver:											
Aberdeen	R. Wightman M. P. Hogg	M. P. Campbell.	427	374	7	....	20	4	1	5	51
Alexandra	R. Wightman B. H. Wilson	V. B. Stevens...	666	574	25	....	45	5	12	10	47
Bayview	R. Wightman M. P. Hogg	A. M. Derraugh.	320	321	3	....	17	6	3	2	25
Beaconsfield	R. Wightman B. H. Wilson	I. M. Smith.....	312	300	12	1	27	4	8	8	38
Cecil Rhodes	R. Wightman M. P. Hogg	I. B. M. Ewart..	417	401	5	1	17	3	4	2	46
Central	R. Wightman M. P. Hogg	M. P. Campbell.	724	572	26	7	21	9	14	9	80
Charles Dickens	R. Wightman B. H. Wilson	V. B. Stevens...	381	355	10	....	30	14	13	8	45
Children's Aid	R. Wightman B. H. Wilson	M. K. Cruickshank	119	110	3	1	13	5	1	1	14
Dawson	R. Wightman M. P. Hogg	M. P. Campbell.	962	952	24	...	34	7	7	11	105
Fairview	R. Wightman M. P. Hogg	A. M. Derraugh.	571	486	7	2	11	4	12	8	65
Florence Nightingale	R. Wightman B. H. Wilson	V. P. Stevens...	697	540	17	....	47	7	12	8	64
Franklin	R. Wightman B. H. Wilson	M. K. Cruickshank	252	262	3	....	13	3	6	....	25
General Gordon	R. Wightman M. P. Hogg	A. M. Derraugh.	443	428	6	1	12	2	5	5	50
Grandview	R. Wightman B. H. Wilson	I. M. Smith.....	584	609	6	...	14	5	15	4	41
Hastings	R. Wightman B. H. Wilson	M. K. Cruickshank	542	471	10	....	19	6	11	8	38
Henry Hudson	R. Wightman M. P. Hogg	A. M. Derraugh.	580	476	16	....	9	4	10	9	52
Kitsilano	R. Wightman M. P. Hogg	"	476	463	3	....	13	2	8	4	50
Laura Secord	R. Wightman B. H. Wilson	I. M. Smith.....	433	393	30	1	34	6	9	2	48
Livingstone	R. Wightman B. H. Wilson	V. B. Stevens...	422	369	14	1	19	4	9	12	60
Macdonald	R. Wightman B. H. Wilson	M. K. Cruickshank	488	431	14	1	17	4	3	12	41
Model	R. Wightman M. P. Hogg	I. B. M. Ewart.	528	489	5	....	12	5	7	4	63
Mount Pleasant	R. Wightman B. H. Wilson	"	716	524	10	2	21	7	13	3	58

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
7	6	16	Anæmia, 6; heart disease, 1; cleft palate, 1	....	....	....	....	.....	Satisfactory	Yes.
33	29	4	Bronchitis, 2; unkempt 3; blepharitis, 2; pulmonary tuberculosis, 1; lateral curvature, 1; stuttering, 2; anæmia, 2	....	....	....	....	Influenza, 40.....	Good.....	Yes.
20	25	4	Bronchitis, 2; blepharitis, 4; anæmia, 1	....	....	....	....	Influenza, 25.....	"	"
192	67	2	Anæmia, 6; acute bronchitis, 2; defective speech, 2; T.B. knee, 1; asthma, 1; under size, 1	3	5	2	1	Influenza, 21; measles, 10; mumps, 2; scarlet-fever, 9; chicken-pox, 4	Adequate	Adequate.
17	....	5	Hand amputated, 1; leg atrophied, 1	....	....	....	....	Chicken-pox, influenza; measles	Good.....	Fair.
7	3	4	Eczema, 1	....	....	1	....	Chicken-pox; influenza; measles	"	Good.
2	....	....	.....	....	....	....	....	Mumps, 2.....	"	Yes.
38	10	3	Cardiac, 3; Chorea, 4	....	..	....	....	Mumps, 40.....	"	"
35	3	3	Facial paralysis, 1; tachycardia, 1; chronic appendicitis, 2; chronic endocarditis, 2	...	2	2	....	.....	Ventilation and lighting poor	Unclean and inadequate.
....	1	17	Cardiac, 5; vaccinated, 19; treated goitre, 18	....	....	....	....	Influenza.....	....	....
242	24	...	Otitis media, 1; mitral reg., 7; deflected septum, 2; hernia, 1; conjunctivitis, 1; tonsillitis, 1; flat feet, 1; pharyngitis, 1; seborrhœa, 1; urticaria, 1; alopœcia, 1	....	5	....	....	Vaccinations, 145	.....	....
15	....	....	Nasal polyp, 1	....	...	..		Vaccinations, 14	....	....
17	1	....	.....	....	....	....	....	Vaccinations, 17	....	.....
60	5	5	Vaccinations, 107; pulmonary, 3; heart-disease, 6	....	....	....	....	Diphtheria; scarlet-fever; mumps; measles; influenza; whooping-cough	Crowded; badly ventilated	Unsanitary.
135	6	21	Vaccinations, 189; pulmonary, 3; heart-disease, 21	....	....	....	....	Ditto.....	Fair ventilation; good heating	Clean and adequate.
54	1	6	Vaccinations, 90; pulmonary, 2; heart-disease, 5	....	...	....	...	"	Good ventilation..	Clean and adequate.
69	5	11	Vaccinations, 72; pulmonary, 2; heart-disease, 8	....	....	....	...	"	" ..	Clean and adequate.
94	2	....	Heart-disease, 15; vaccinations, 148	....	....	...	....	"	Fair ventilation...	Clean and adequate.
120	14	5	Heart-disease, 6; vaccinations, 115	....	....	....	....	"	Bad ventilation; overcrowded	Very unsanitary.
77	6	19	Heart-disease, 5; vaccinations, 98	...	...	....	....	"	Fair ventilation...	Clean and adequate.
25	....	3	Heart-disease, 2; vaccinations, 13	....	....	....	....	"	" ...	Clean and adequate.
188	....	21	Vaccinations, 268; pulmonary, 5; heart-disease, 8	....	....	...	....	"	" ...	Clean and adequate.
128	4	1	Vaccinations, 92; pulmonary, 2; heart-disease, 6	....	..	....	...	"	" ...	Clean and adequate.
164	4	29	Vaccinations, 174; pulmonary, 4; heart-disease, 18	...	...	....	...	"	" ...	Clean and adequate.
60	1	10	Vaccinations, 69; pulmonary, 1; heart-disease, 4	....	....	....	....	"	Good ventilation..	Clean and adequate.
72	2	1	Heart-disease, 7; vaccinations, 136	....	..	....	....	"	"	Clean and adequate.
156	2	14	Heart-disease, 6; vaccinations, 127	....	....	...	..	"	Fair ventilation...	Unsanitary.
116	3	14	Vaccinations, 124; pulmonary, 8; heart-disease, 10	....	....	...	....	"	Poor ventilation.	Clean and adequate.
114	5	11	Heart-disease, 4; vaccinations, 126	....	....	....	....	"	Fair ventilation...	Clean and adequate.
87	....	2	Vaccinations, 131; pulmonary, 2; heart-disease, 4	....	....	....	....	"	" ...	Clean and adequate.
8	8	11	Vaccinations, 108; pulmonary, 4; heart-disease, 6	....	....	....	....	"	Poor ventilation ..	Clean and adequate.
89	7	3	Vaccinations, 116; pulmonary, 4; heart disease, 7	....	...	....	....	"	Fair ventilation...	Clean and adequate.
105	5	8	Vaccinations, 124; pulmonary, 1; heart-disease, 18	...	....	....	....	"	Poor ventilation ..	Fair.
115	6	18	Vaccinations, 178; pulmonary, 2; heart-disease, 7	....	...	..	..	"	Fair ventilation...	Clean and adequate.
142	4	18	Vaccinations, 188; pulmonary, 1; heart-disease, 10	....	....	....	...	Diphtheria; scarlet-fever; mumps; measles; influenza; whooping-cough; smallpox	Good ventilation..	Clean and adequate.

GRADED CITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
[illegible]	R. Wightman B. H. Wilson	M. K. Cruickshank	694	572	19	2	25	8	14	6	43
Roberts	R. Wightman M. P. Hogg	M. P. Campbell	989	1050	13	....	59	12	16	8	111
Seymour	R. Wightman B. H. Wilson	A. M. McLellan	784	601	33	6	28	5	15	4	62
Simon Fraser	R. Wightman M. P. Hogg	I. B. M. Ewart	667	527	8	....	10	6	8	5	77
Strathcona	R. Wightman B. H. Wilson	A. M. McLellan	867	744	31	....	35	5	13	10	89
Tennyson	R. Wightman M. P. Hogg	A. M. Derraugh	619	532	12	....	17	9	7	8	78
Vancouver, North:											
[illegible]	E. A. Martin	Mrs. Impett	348	345	3	1	14	6	13	56	61
Queen Mary	"	Mrs. Brown	503	500	4	....	16	8	16	75	86
Ridgeway	"	Mrs. Impett	478	472	2	2	12	8	15	55	75
Vernon	W. Arbuckle		679	587	....	2	11	4	3	2	35
Victoria:											
Bank Street	H. J. Wasson	Miss Grimmer	....	137	....	....	....	....	....	....	11
Beacon Hill	"	"	....	118	....	....	....	....	....	1	5
Burnside	"	"	....	209	....	....	....	....	2	2	11
Central, Boys	"	"	....	400	2	1	8	....	8	1	26
Central, Girls	"	"	....	436	....	....	11	....	1	....	22
Cook Street	"	"	....	31	....	....	....	....	....	....	2
Fernwood	"	"	....	66	....	....	....	....	....	....	8
George Jay	"	"	....	416	2	....	7	....	....	....	17
Kings Road	"	"	....	128	....	....	....	....	....	....	13
Kingston Street	"	"	....	192	....	....	....	....	1	....	20
Margaret Jenkins	"	"	....	255	....	....	4	....	2	....	15
North Ward	"	"	....	300	....	....	....	....	1	3	9
Oaklands	"	"	....	387	....	....	....	....	2	2	19
Quadra	"	"	....	237	....	....	....	1	1	....	17
Sir James Douglas	"	"	....	462	....	....	4	....	1	....	35
South Park	"	"	....	321	....	....	....	1	....	....	8
Special	"	"	....	12	....	3	5	....	....	1	2
Spring Ridge	"	"	....	205	....	....	....	....	....	....	17
Rock Bay	"	"	....	28	....	....	....	....	....	....	2
Victoria West	"	"	....	332	....	....	2	....	5	....	30

RURAL MUNICIPALITY

Burnaby:											
Armstrong Avenue	Geo. de B. Watson		33	30	....	....	....	....	1	....	2
Barnet	E. J. Foster		16	16	....	....	2	....	....	....	2
Douglas Road	Geo. de B. Watson		41	41	....	....	....	2	....	1	1
Edmonds Street	"		359	343	....	....	26	3	....	7	26
Gilmore Avenue	E. J. Foster		447	424	....	....	33	1	21	30	53
Hamilton Road	Geo. de B. Watson		38	35	....	....	5	2	....	....	1
Howard Avenue	E. J. Foster		35	31	....	1	3	....	2	3	4
Inman Avenue	W. G. Morris		122	116	....	1	20	....	4	4	15
Kingsway, East	Geo. de B. Watson		101	101	....	....	3	1	....	1	7
Kingsway, West	W. G. Morris		379	350	3	1	35	3	12	5	77
Nelson Avenue	"		216	143	....	1	20	6	6	....	21
Riverway, East	"		57	52	....	....	2	....	3	....	4
Nelson Street	E. J. Foster		49	44	....	1	4	1	2	4	4
Second Street	Geo. de B. Watson		82	82	....	....	6	1	....	....	8
Sperling Avenue	E. J. Foster		35	33	....	....	1	....	1	....	2
Chilliwack:											
Atchelitz	J. C. Henderson		69	64	....	....	1	....	....	2	4
Camp Slough	J. C. Elliot		42	40	....	....	....	4	8	2	8

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
92	4	16	Vaccinations, 141; pulmonary, 3; heart-trouble, 14	....	....	....	....	Diphtheria; scarlet-fever-mumps; measles; influenza; whooping-cough	Fair ventilation...	Clean and adequate.
213	10	16	Vaccinations, 340; pulmonary, 4; heart-trouble, 12	....	....	....	....	ditto	Bad ventilation...	Unsanitary.
172	9	11	Vaccinations, 172; pulmonary, 4; heart-disease, 11	....	....	....	....	"	" ...	"
118	14	10	Vaccinations, 174; pulmonary, 6; heart-disease, 10	....	....	....	....	"	" ...	Clean and adequate.
201	3	6	Vaccinations, 446; pulmonary, 2; heart, 22	....	....	....	....	"	Old building; bad ventilation	Unsanitary.
95	5	14	Vaccinations, 160; pulmonary, 2; heart, 10	....	....	....	....	"	Fair ventilation...	Clean and adequate.
68	3	6	....	....	....	....	....	Influenza	Good....	Clean and adequate.
103	2	2	....	....	....	3	....	"	"	Clean and adequate.
96	5	4	....	....	2	....	....	"	"	Clean and adequate.
64	....	6	....	....	....	1	1	....	"	Clean and adequate.
4	9	....	....	3	5	8	2	....	"	Good.
7	....	....	....	....	1	1	3	....	"	"
17	....	1	Eczema, 1	....	4	7	2	....	"	"
28	5	....	Infantile paralysis, 1; alopæcia, 1; anæmia, 1	3	4	9	1	....	"	"
32	10	14	Exophthalmia, 1; fractured elbow, 1	9	11	2	....	....	"	"
2	1	....	....	....	5	5	4	....	"	"
4	4	....	Congenital amputation of arm, 1	4	....	17	....	....	"	"
32	....	....	Paralysis of left shoulder, 1....	5	3	6	1	....	"	"
8	....	....	....	4	5	5	....	....	"	"
11	....	....	....	4	2	17	....	....	"	"
20	6	2	....	....	1	2	3	....	"	"
21	....	2	....	3	3	2	....	....	"	"
23	5	5	....	4	13	8	3	....	"	"
13	....	6	....	7	1	6	6	....	"	"
27	12	3	Bronchitis, 1.....	1	2	12	6	....	"	"
11	....	4	....	3	8	3	2	....	"	"
1	....	....	....	1	....	1	....	....	"	"
11	8	1	Nervous, 1.....	4	2	14	2	....	"	"
5	....	....	....	....	....	....	2	....	"	"
32	3	....	Anæmia, 1.....	3	11	6	1	....	"	"

SCHOOLS.

10	....	....	....	....	....	....	....	....	Good.....	Yes.
2	....	....	Seborrhœa, 1	....	....	....	....	....	"	"
6	....	....	Erythema, 1	....	....	....	....	....	"	"
124	17	....	Pediculosis, 15; strabismus, 1; 1; unclean 4; wax in ears, 1; bronchial catarrh, 2; rhinitis, 8	....	1	....	3	Scarlet-fever, 1; measles, 1; diphtheria, 8; smallpox 2; whooping cough, 19	"	"
54	21	9	Cardiac, 1; pulmonary, 1; nervous, 1; blepharitis, 10	1	3	....	....	....	"	"
10	1	....	Bronchial catarrh, 1; hæmoptysis, 1; wax in ears, 1	....	....	....	....	....	"	"
4	1	....	Blepharitis, 1.	....	....	....	....	....	"	"
38	....	2	....	....	....	....	....	Measles.....	O.K	O.K.
21	6	....	Pediculosis, 1; strabismus, 1; unclean, 1; wax in ears, 1; spinal curvature, 1	....	....	....	....	Diphtheria, 2.....	Good.....	Yes.
139	3	1	....	2	2	....	1	Measles.....	Crowded	O.K.
64	....	1	....	....	....	....	....	"	Crowded and poorly ventilated...	"
14	....	1	....	....	....	2	....	Measles, 3	O.K	"
5	....	....	....	....	....	1	....	....	"	"
20	1	....	Pediculosis, 1; unclean, 3; wax in ears, 1	....	....	....	....	measles, 3; scarlet-fever, 1; whooping-cough, 1	"	"
3	....	....	Seborrhœa, 2	....	....	....	....	....	"	"
10	....	4	....	....	....	....	....	....	Good.....	Yes.
20	1	1	Anæmia, 2.....	....	....	....	....	....	"	Good.

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Chilliwack.—*Continued.*											
Cheam	J. C. Elliot		50	50	....	1	....	7	2	3	12
Chilliwack, East	"		55	53	....	....	1	3	5	7	15
Fairfield Island	J. C. Henderson		38	38	....	....	1	....	1	7	10
Lethbridge	"		60	60	1	....	1	....	....	8	7
Parson's Hill	"		10	10	1	....	....	....	....	2	2
Promontory Flats	"		14	13	....	....	....	....	....	1	2
Rosedale	J. C. Elliot		82	79	....	....	1	5	3	11	21
Sardis	J. C. Henderson		124	111	1	1	1	1	....	12	17
Strathcona	"		43	38	1	....	4	....	....	6	6
Sumas	"		12	10	....	....	....	....	....	1	3
Vedder Creek	"		10	10	....	....	....	....	....	2	3
Yarrow	"		12	12	....	....	....	....	....	2	2
Coldstream:											
Coldstream	W. Arbuckle		38	30	....	....	1	....	2	2	2
Lavington	"		34	21	....	....	1	....	3	3	3
Cowichan, North:											
Chemainus	G. M. Curry, R.N.		61	60	2	....	....	....	1	2	10
Crofton	"		27	25	3	1	1	....	....	....	4
Delta:											
Annacis Island	A. A. King		13	13	2	....	2	....	....	3	4
Annieville	"		27	25	5	....	4	....	....	4	5
Boundary Bay	"		25	21	2	....	4	....	....	4	8
Canoe Pass	"		30	29	6	...	3	2	....	11	18
Delta, East	"		18	15	3	...	2	....	....	2	3
Inverholme	"		24	21	2	....	1	...	....	12	15
Ladner	"		163	149	10	....	14	3	....	28	51
Scott Road	"		.....	12	3	....	2	1	....	3	3
Sunbury	"		26	23	1	....	4	1	....	5	9
Trenant	"		30	25	....	...	..	....	....	4	4
Westham Island	"		16	13	1	....	6	....	...	2	7
Esquimalt	E. W. Boak.		596	590	4	2	56	8	92	41	175
Kent:											
Agassiz	P. McCaffray		120	104	6	....	4	15	3	35	49
Harrison River	"		25	15	....	....	2	2	2	5	10
McBride	"		17	14	...	....	2	4	1	5	7
Maple Ridge:											
Alberni	G. Morse		35	26	1	...	2	....	2	....	4
Hammond	"		70	68	2	....	....	....	5	....	15
Haney	"		107	105	4	...	6	....	8	....	16
Maple Ridge	"		.....	.....	.....	.....	.....	.....	.....	.....	.....
Robinson, Alex	"		51	46	2	....	2	1	2	....	6
Ruskin	"		25	22	1	....	1	....	....	....	3
Webster's Corners	"		26	25	1	3	2	2	6	....	4
Whonnock	"		50	45	1	....	2	....	5	....	9
Yennadon	"		25	22	....	....	....	....	3	....	3
Matsqui:											
Aberdeen	R. H. Port		38	30	2	....	3	2	....	3	5
Bradner	"		85	63	1	....	2	1	1	4	....
Clayburn	"		58	45	....	...	2	1	1	3	8
Dunach	"		16	12	....	....	1	...	....	....	....
Glenmore	"		28	28	....	....	....	....	....	....	3
Jubilee	"		7	7	....	....	....	....	....	....	2
Matsqui	"		95	77	....	....	4	1	....	2	6
Mount Lehman	"		45	45	1	1	....	....	....	1	4
Peardonville	"		20	16	....	....	....	....	....	....	2
Poplar	"		19	16	....	....	....	....	1	1	2
Ridgedale	"		51	42	....	....	1	....	....	1	2
Mission:											
Ferndale	A. J. Stewart		22	20	....	....	2	....	...	2	8
Hatzic	"		41	37	....	...	....	....	3	4	10
Mission	"		238	224	14	2	17	2	5	10	111
Silverdale	"		36	32	....	....	2	....	....	....	17

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
31	....	1	Impetigo, 1	....	....	1	....	....	Good	Fair.
26	....	6	Anæmia, 2	....	....	....	....	....	"	"
14	....	2	....	....	....	....	....	....	"	Yes.
18	....	19	....	....	....	....	....	....	"	Fair.
2	....	4	....	....	....	....	....	....	"	Yes.
6	....	2	....	....	....	....	....	....	"	"
53	4	4	Anaemia, 2; sores, 1	....	....	....	....	....	"	Good.
21	1	8	....	....	....	....	....	....	Not clean.	Yes.
7	....	1	Anæmia, 1	....	....	1	....	....	Good	"
4	....	....	....	....	....	....	....	....	"	"
5	....	1	....	....	....	....	....	....	"	Fair.
3	....	....	....	....	....	....	....	....	"	Yes.
5	....	....	....	....	....	....	....	....	"	"
4	....	....	....	....	....	....	....	Whooping-cough	"	"
29	....	....	Nervous, 4	....	....	....	3	....	"	Adequate, fairly clean.
12	....	....	Nervous, 2	....	....	....	....	Influenza	Good (water shortage)	Adequate and clean.
5	1	....	....	....	....	....	....	Vaccinations, 2; non-vaccinations, 11	Wooden	Earth.
15	2	....	....	....	....	....	....	Vaccinations, 5; non-vaccinations, 20	"	"
8	2	....	....	....	....	....	....	Vaccinations, 5; non-vaccinations, 16	"	"
15	1	....	....	....	....	....	....	Vaccinations, 6; non-vaccinations, 23	"	Flush.
6	2	....	....	....	....	....	....	Vaccinations, 2; non-vaccinations, 13	"	Earth.
4	1	....	....	....	....	....	....	Vaccinations, 3; non-vaccinations, 18	"	"
43	2	....	....	....	....	....	....	Vaccinations, 31; non-vaccinations, 108	Modern	Flush.
6	2	....	....	....	....	....	....	Vaccinations, 1; non-vaccinations, 11	Wooden	Earth.
9	....	....	Deformed feet, 2	....	....	....	....	Vaccinations, 1; non-vaccinations, 22	"	"
5	2	....	....	....	....	....	....	Vaccinations, 4; non-vaccinations, 21	"	"
8	1	....	....	....	....	....	....	Vaccinations, 4; non-vaccinations, 9	"	"
378	311	31	Anterior poliomyelitis, 1; endocarditis, 1	1	2	41	1	Influenza; measles	Good	Clean and adequate.
47	1	18	....	....	....	....	....	....	"	Yes.
8	....	1	....	....	....	....	....	....	"	"
2	....	3	....	....	....	....	....	....	"	"
12	2	1	....	....	....	....	....	....	....	....
33	8	....	....	....	....	....	....	....	....	....
52	8	1	....	....	....	....	....	....	....	....
....	....	....	....	....	....	....	....	....	....	....
18	3	....	....	....	....	....	....	....	....	....
15	2	....	....	....	....	....	....	....	....	....
16	3	....	....	....	....	....	....	....	....	....
39	2	....	....	....	....	....	....	....	....	....
17	4	2	....	....	....	....	....	....	....	....
6	....	....	Chorea, 1	5	....	....	1	Whooping-cough, 10	Good	Yes.
9	....	3	....	....	....	1	....	....	"	"
7	....	....	Vision corrected, 2	....	12	....	....	Chicken-pox	"	"
2	....	....	....	....	....	....	....	....	"	"
5	....	2	....	....	....	....	....	Measles, 4	"	"
....	....	....	....	4	....	....	....	....	"	Not clean.
7	....	7	Vision corrected, 3	....	....	....	....	Measles, 6	"	Yes.
3	....	....	Rheumatism, 1	....	....	....	....	....	"	"
4	....	....	....	....	4	....	....	....	"	"
3	....	....	....	....	....	....	....	Measles, 12	"	"
2	....	2	....	....	3	....	....	Measles, 2	"	"
11	1	4	....	....	....	....	....	Smallpox, 2	New building needed	Very unsatisfactory.
8	3	1	....	....	....	....	....	....	Satisfactory	Clean and adequate.
104	7	30	Whooping-cough, 4	....	....	....	....	Smallpox, 14	"	Clean and adequate.
16	1	8	....	....	....	....	....	....	"	Clean and adequate.

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Mission—*Continued.*											
Silverhill	A. J. Stewart		21	19	....	....	....	....	....	....	9
Stave Falls	"		11	10	....	....	....	....	....	....	5
Stave Gardens	"		12	8	....	....	....	....	1	1	4
Steelhead	"		17	13	..	....	1	....	....	1	6
Oak Bay:											
Monterey	W. P. Walker		290	255	11	....	3	....	....	5	35
Willows	"		177	152	2	....	2	1	5	6	34
Peachland:											
Peachland	Wm. Buchanan		97	72	....	....	6	....	....	....	5
Trepanier	"		16	15	....	....	....	....	....	....	1
Pitt Meadows:											
Pitt Meadows	G. Morse		48	34	....	1	1	....	10	....	12
Richardson	"		15	15	....	....	....	....	3	....	3
Saanich:											
Cedar Hill	J. P. Vye	Miss Jacobson	109	94	....	2	5	....	18	21	25
Cloverdale	"	"	250	216	....	1	....	1	35	39	64
Craigflower	"	"	90	88	....	1	7	....	13	19	24
Gordon Head	"	"	42	34	....	....	4	....	5	4	6
Keating	"	"	60	34	....	....	1	....	....	....	2
Model	"	"	78	74	....	2	1	....	5	8	11
McKenzie Avenue	"	"	153	131	1	3	....	....	24	24	27
North Dairy	"	"	54	43	....	1	....	....	3	7	9
Prospect Lake	"	"	32	28	....	....	....	....	2	5	6
Royal Oak	"	"	64	53	....	....	1	....	3	6	17
Saanichton	"	"	42	37	....	1	3	....	2	4	6
Saanich, West	"	"	72	62	....	1	....	....	6	10	21
Strawberryvale	"	"	82	66	....	....	3	....	9	9	19
Tillicum Road	"	"	169	132	....	....	5	1	27	39	48
Tolmie	"	"	363	310	4	5	6	3	67	82	109
Spallumcheen:											
Hullcar	P. D. van Kleeck		29	27	3	....	2	....	....	4	5
Knob Hill	"		....	17	3	....	3	....	....	4	7
Larkin	"		28	26	2	....	1	....	....	3	7
Mountain View	"		15	13	....	....	3	1	....	2	5
Otter Lake	"		18	15	3	....	1	....	3	5	5
Pleasant Valley	"		24	14	3	....	....	1	2	6	7
Summerland	F. W. Andrew		261	226	8	4	33	4	15	34	48
Surrey:											
Anniedale	F. D. Sinclair		17	10	....	....	....	....	1	1	1
Clayton	"		29	23	....	....	1	....	4	4	4
Colebrook	"		19	8	....	....	....	....	2	2	2
Mudbay	"		30	23	....	....	1	....	4	4	4
Newton	"		56	35	1	1	2	....	1	13	13

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
5	....	....	.....	....	....	....	....	....	Satisfactory	Clean and adequate.
4	....	....	Whooping-cough, 9	....	....	....	....	....	"	Clean and adequate.
3	....	....	....	....	....	....	....	....	"	Clean and adequate.
7	....	4	....	....	....	....	..	....	"	Clean and adequate.
80	24	6	Cerv. caries; cleft palate; hare-lip, 1	....	....	....	....	Chicken-pox; whooping-cough; measles; rotheln; influenza	Excellent	Clean and adequate.
74	11	2	Defective speech, 2; stutter, 1; congenital defect iris, 1	....	....	....	....	Chicken-pox; whooping-cough; measles	"	Clean and adequate.
1	....	60	....	....	....	....	....	.....	Satisfactory	Satisfactory.
2	....	14	Cardiac, 1	....	....	....	....	.....	"	"
17	6	2	....	....	....	....	....	....	....	....
8	2	....	....	....	....	....	....	....	....	.....
27	3	1	.....	....	....	....	....	Influenza, 18; chicken-pox, 4; vaccinations, 39; whooping-cough, 2	Good.....	Attention.
95	4	1	....	....	....	....	....	Influenza, 56; chicken-pox, 3; vaccinations, 72; measles, 2	"	Adequate.
37	1	1	....	....	....	....	....	Influenza, 25; chicken-pox, 4; vaccinations, 32; whooping-cough, 1	"	"
10	....	....	.....	....	....	....	....	Vaccinations, 7; influenza, 6	"	"
15	....	....	.....	....	....	....	....	Influenza, 3; eczema, 1; chicken-pox, 10; vaccinations, 3	"	"
18	1	....	Six fingers on each hand, 2....	....	....	....	....	Influenza, 11; chicken-pox, 6; vaccinations, 39	Very good.....	"
64	....	....	....	....	....	....	....	Vaccinations, 39; influenza, 31	Good....	"
15	....	....	.....	....	....	....	....	Vaccinations, 17; influenza, 21	"	Repair.
13	2	....	....	....	....	....	....	Vaccinations, 6; chicken-pox, 6; scarlet-fever, 1; influenza, 7	"	Adequate.
24	....	1	....	...	1	....	....	Vaccinations, 20; influenza, 8; measles, 1; chicken-pox, 17	"	"
16	....	....	....	....	....	....	....	Vaccinations, 11; enza, 4; scarlet fever [1]	"	"
27	1	....	Six toes on each foot.	....	....	....	....	Influenza, 32; chicken-pox, 23; vaccinations, 8	"	"
23	4	1	....	....	....	....	....	Vaccinations, 18; influenza, 12; chicken-pox, 6; whooping-cough, 3	"	"
55	8	....	.....	....	....	....	....	Vaccinations, 56; influenza, 28; chicken-pox, 1; scarlet-fever, 1	"	"
160	3	2	Hæmoplegia, 1.....	....	....	....	....	Vaccinations, 72; influenza, 75; chicken-pox, 1; measles, 4	....	....
13	1	5	....	....	....	....	....	Whooping-cough.....	....	Fair.
12	1	10	.....	....	....	....	....	Whooping-cough; measles	....	"
9	1	6	Acne, 1; anæmia, 2.....	3	....	....	1	Whooping-cough	....	"
5	....	1	....	....	....	....	....	"	....	"
10	1	7	.....	....	....	....	....	"	....	"
8	2	3	.....	....	....	....	....	"	....	"
69	39	19	Exophthalmic goitre, 1; cardiac, 1; acne, 4; eczema, 4	...	....	8	1	Measles, 148; whooping-cough, 42	Fair.....	Yes.
2	2	1	.....	...	....	....	....	....	Poor	Poor.
10	9	1	....	....	....	....	....	....	"	"
3	6	....	....	....	....	....	....	....	Good.....	Fair.
14	6	1	....	....	....	....	....	....	Poor	Poor.
3	12	4	....	....	....	....	....	....	Crowded; poorly ventilated and heated	Unsatisfactory.

RURAL MUNICIPALITY

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Surrey—*Continued.*											
South Westminster	F. D. Sinclair		37	27	....	....	1	....	12	12	12
Springdale	"		44	41	1	....	....	....	8	8	8
Strawberry Hill	"		37	30	....	....	4	....	7	7	7
White Rock	"		92	74	....	...	10	....	12	12	12
Vancouver, North:											
Capilano	R. V. McCarley		48	48	....	1	3	1	8	8	11
Keith Lynn	"		46	46	....	....	1	....	4	4	5
Lynn Valley	"		249	249	4	1	20	1	35	35	64
North Star	"		120	120	3	2	5	....	17	17	29
Roche Point	"		16	16	....	....	3	....	2	2	3
Vancouver, South:											
Brock	L. O. Griffin	Miss Edwards	358	356	8	5	29	23	33	18	133
Carleton	"	"	649	627	19	1	53	22	54	32	252
Connaught	"	"	55	45	3	1	3	6	6	6	27
Moberley	"	"	395	355	12	4	47	8	26	20	115
McBride	"	"	487	442	22	1	44	24	31	19	173
Mackenzie	"	"	674	647	10	5	55	31	45	27	273
Norquay	"	"	351	325	11	2	26	14	22	18	166
Laura Secord	"	"	207	166	5	1	11	4	13	6	84
Lord Selkirk	"	"	807	654	23	9	72	26	28	24	364
Sexsmith	"	"	174	144	6	1	8	4	12	5	61
Tecumseh	"	"	654	599	24	6	61	17	25	23	281
Van Horne	"	"	293	293	15	1	28	9	19	15	122
Wolfe	"	"	603	512	11	4	54	16	48	38	218
Vancouver, West:											
Dundarave	F. Stainsby		54	54	....	..	....	....	...	....	....
Hollyburn	"		165	165	....	...	...	....	...	....	....

RURAL AND

Abbotsford	T. A. Swift		153	98	....	....	11	5	1	....	21
Ainsworth	G. C. Read		.....	7	....	....	....	....	....	1	2
Albert Canyon	J. H. Hamilton		14	12	....	....	1	....	2	2	2
Albert Head	Richard Felton	Miss Gawley	10	9	....	...	....	1	....	....	....
Alert Bay	G. H. Wilson	Miss Watson	30	22	1	....	....	....	....	....	2
Alexandria	I. H. Wright		7	6	....	....	....	....	....	....	...
Alice Arm	R. G. Stevenson		18	16	6	2	....	....	5	6	4
Alice Siding	G. B. Henderson		11	11	....	....	....	....	1	2	....
Allenby	Lee Smith		35	27	....	...	1	....	1	2	5
Anaconda	J. H. Burnett		8	6	....	....	2	....	1	1	6
Anarchist Mountain	"		21	16	....	....	1	1	....	2	2
Annable	W. A. Coghlin		8	8	....	....	....	1	....	3	3
Appledale	A. V. Jones		15	12	..	...	2	....	1	1	1
Argenta	G. C. Read		....	9	....	...	1	...	...	....	1
Arrowhead	J. H. Hamilton		27	25	....	....	....	....	....	....	6
Arrow Park, East	E. H. S. McLean		20	18	2	1	2	....	5	5	7
Arrow Park, West	"		14	14	....	....	....	1	2	2	7
Ashcroft	S. E. Beech		78	75	1	....	7	3	5	31	50
Ashton Creek	H. W. Keith		9	9	..	....	1	....	....	....	5

SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
11	9	2	.....	1	....	1	....	.....	Fair.....	Poor.
14	7	6	Cryptic tonsils, 1.....	....	....	....	..	.....	"	Fair.
1	7	1	.....	...	....	....	...	Diphtheria, 3.....	Crowded.....	Unsatisfactory.
9	9	....	Bifid uvula, 1; cleft palate, 1..	...	....	....	....	Scarlet fever, 3	Satisfactory.....	"
15	....	3	Emphysema, 1	....	....	....	...	Chicken-pox; measles...	Good.....	Clean and adequate.
16	....	2	.....	....	....	5	....	....	"	Clean and adequate.
59	4	16	Bronchitis, 1; heart-disease, 1; nervous, 1; orthopædic, 2	....	....	....	....	Influenza; measles.....	Crowded.....	Clean and adequate.
34	1	3	Heart-disease, 1; asthma, 1; orthopædic, 1	....	...	....	....	Chicken-pox; influenza; measles	Good.....	Clean and adequate.
4	....	....	....	....	....	....	....	Whooping-cough.....	Fair.....	Clean and adequate
301	29	18	Pulmonary, 1; cardiac, 13.....	1	3	3	2	Diphtheria, 1; chicken-pox, 5; measles, 10	O.K.....	Clean, but inadequate.
561	15	23	Pulmonary, 4; nervous, 1; cardiac, 13	6	2	2	....	Diphtheria, 3; chicken-pox, 31; measles, 24; whooping-cough, 2	Lighting fair.....	O.K.
37	3	....	Pulmonary, 4; cardiac, 1	2	...	....	....	Diphtheria, 10; whooping-cough, 2	O.K	"
304	30	17	Pulmonary, 1; nervous, 3; cardiac, 5	5	....	....	....	Chicken-pox, 20; measles, 19	Lighting fair.....	"
351	29	18	Pulmonary, 2; cardiac, 5.....	5	...	2	...	Diphtheria, 2; chicken-pox, 14; measles, 16; whooping-cough, 2	Crowded; lighting fair	"
518	30	42	Pulmonary, 3; nervous, 1; cardiac, 14	7	3	3	..	Diphtheria, 9; chicken-pox, 19; measles, 22; whooping-cough, 1	O.K.; crowded ...	Clean and inadequate.
290	21	21	Cardiac, 4	....	....	....	....	Diphtheria, 3; chicken-pox, 18; measles, 19	O.K.....	O.K.
174	13	6	.....	....	....	....	....	Chicken-pox, 25; measles, 6	"	"
598	23	33	Pulmonary, 6; nervous, 4; cardiac, 15	9	...	2	....	Diphtheria, 1; chicken-pox, 45; scarlet fever, 2; measles, 32	Lighting fair	"
107	7	1	Cardiac, 2.....	....	....	....	....	Diphtheria, 4; chicken-pox, 1	O.K.....	"
517	27	29	Pulmonary, 10; cardiac, 11; nervous, 4	7	....	1	...	Diphtheria, 3; chicken-pox, 18; scarlet fever, 8; measles, 26	Crowded; lighting fair	"
203	10	6	Pulmonary, 4; cardiac, 4.....	6	...	...	....	Diphtheria, 1; chicken-pox, 7; measles, 10	Lighting fair	"
476	21	29	Cardiac, 7.....	3	....	....	....	Diphtheria, 7; chicken-pox, 6; measles, 17	"	"
...	...	....	....	....	....	....	....	.....	Good.....	Good.
....	....	....	....	....	...	....	....	....	"	"

ASSISTED SCHOOLS.

32	....	1	Mitral reg., 1.....	....	....	....	....	Influenza; measles	Heating very unsatisfactory	Unsanitary.
4	....	2	....	....	....	....	....	Vaccinations, 5	Good.....	Fair.
4	...	2	....	....	....	....	....	Influenza.....	Fair.....	"
2	....	....	Required revaccination, 4.....	....	....	....	....	"	Good.....	Clean.
11	....	....	....	....	....	....	....	....	Fairly good, but inadequate	Good.
....	....	....	....	....	....	....	....	....	Good.....	"
5	2	....	Neurotic, 1.	....	....	....	1	....	Overcrowded; poor ventilation	Fairly clean but inadequate.
3	....	1	Cardiac, 1	....	....	....	....	....	Good.....	Clean and adequate.
9	...	1	Congenital heart, 1.....	....	....	....	....	.....	"	Yes.
2	3	...	....	....	....	....	...	Chicken-pox; influenza.	"	Clean.
4	4	3	....	....	....	....	....	Influenza; mumps.....	"	"
7	....	....	Otitis media, 1.....	....	....	....	....	.....	.....	.....
5	....	....	....	....	....	....	....	.....	Poorly heated	Good.
2	....	9	....	....	....	....	..	Vaccinations, 3.....	Good.....	Fair.
3	...	...	Eczema, 1	....	....	....	....	Influenza.....	"	Good.
10	....	4	Deformed hands and feet, 1...	....	....	....	....	....	"	"
7	....	1	....	....	....	....	....	.....	"	"
32	10	7	Anæmic, 4; running ears, 2...	....	....	....	....	Tonsillitis	Satisfactory but poorly heated	Yes.
6	....	3	....	....	....	....	....	Vaccinations, 2..... . .	Log building.....	Adequate.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Aspen Grove	J. J. Gillis		12	9	....	....	1	1	2	2	4
Attachar	E. E. Coy		25	16	....	....	....	....	....	....	3
Atlin	J. E. Affleck		5	5	....	....	....	....	3	1	....
Ladysmith	A. D. Morgan		13	13	1	....	....	....	....	....	....
Balfour	G. O. Read		....	20	....	....	2	....	....	2	3
Balmoral	Walter Scatchard		17	11	....	....	1	....	....	....	1
Barnhill	M. Callanan		19	19	....	....	....	....	....	....	....
Barrière Island	G. Morse		....	9	....	....	....	....	....	....	....
Barriere River	R. W. Irving		9	8	....	....	3	....	....	2	2
Barrus Lake	J. F. Saunders	Miss Kelly	15	9	....	....	2	....	....	1	1
Bastion	J. H. Hamilton		10	7	....	....	....	....	....	....	....
Beaver Creek	A. D. Morgan		11	11	1	1	1	....	....	....	....
Beaverly	C. Ewert		....	11	....	....	1	....	1	1	4
Beaver Point	E. M. Sutherland		25	25	....	....	....	....	2	2	6
Beckley	J. H. Hamilton		12	4	....	....	....	....	....	....	1
Belford	A. V. Jones		13	13	....	....	1	....	3	3	4
Bella Coola	W. Reinhard		25	23	....	....	2	2	....	....	4
Bella Coola, Lower	"		17	14	....	....	1	1	....	2	....
Beresford	J. W. Irving		16	15	....	....	....	....	1	2	2
Bernard Lake	W. Truax		7	7	....	....	1	....	1	....	1
Big Eddy	J. H. Hamilton		22	20	....	....	....	....	....	....	8
Billed Bay	Walter Scatchard		13	11	....	....	....	....	....	....	1
Blackie Bay	H. H. Planche	Miss Sutherland	22	22	4	....	....	....	....	....	8
Blueberry Creek	W. A. Coghlin		7	7	....	....	....	....	....	1	1
Boston Bar	H. R. Fort		16	15	1	4	2	2	3	2	4
Boswell	G. B. Henderson		12	12	....	....	21	....	....	....	....
Boundary Falls	J. M. Burnett		12	10	....	....	1	....	....	....	5
Bowen Island	F. Inglis		12	8	....	....	....	....	....	1	3
Bowie	J. H. Hamilton		20	17	....	....	....	....	1	1	1
Bowser	L. T. Davis		12	12	....	....	....	....	....	....	1
Box Lake	E. H. S. McLean		26	23	....	....	1	1	9	9	9
Braeside	W. Ross Stone		11	11	....	....	....	....	1	1	2
Brechin	T. J. McPhee		85	73	....	....	2	1	2	2	10
Bridesville	J. M. Bennett		7	7	....	....	1	....	....	....	....
Brilliant	A. V. Jones		78	61	4	3	....	....	4	4	4
Brisco	F. E. Coy		19	16	....	1	....	....	....	....	5
Britannia Beach	G. W. Roberts	Miss Sutton	69	69	1	....	1	1	2	6	6
Britannia Townsite	"	Miss Tholnen	35	35	1	1	1	1	3	3	3
Brookmere	J. J. Gillis	Miss Lewis	14	13	2	2	....	1	2	3	4
Brown Creek	W. Truax		18	18	....	....	1	....	2	1	2
Bull River Bridge	F. W. Green		42	26	....	....	....	....	....	....	7
Burgoyne Bay	E. M. Sutherland		28	28	1	....	....	....	....	4	6
Burns Lake	H. C. Wrinch		42	42	....	....	....	....	....	....	....
Burtonsdale	E. H. S. McLean		20	20	....	3	1	....	3	3	7
Cache Creek	S. E. Beech		10	10	....	....	....	....	....	....	2
Calahy	M. G. Archibald		8	7	....	....	....	....	....	....	....
Cairnross	J. F. Saunders		11	11	....	....	....	....	2	5	5
Campbell Creek	R. W. Irving		13	12	....	....	....	....	....	....	....
Campbell Range	"	(Closed on date of visit.)	....	....	....	....	....	....	....	....	....
Campbell River	W. F. Shaw		20	20	....	....	2	....	....	4	7
Carmen City	G. B. Henderson		65	58	....	1	4	....	....	3	7
Carlin Siding	Edward Buckell		13	9	....	....	....	....	....	....	....
Carson	W. Truax		20	18	....	....	1	....	2	2	4
Carvoso	L. H. Hamilton		39	25	....	....	1	....	1	1	4
Cascade	W. Truax		18	18	....	....	2	....	1	1	2
Cassels	T. J. McPhee		26	24	....	....	....	....	....	....	2
Castledale	Paul Ewert		7	6	....	....	....	....	....	1	2
Castlegar	A. V. Jones		30	30	....	1	2	....	4	4	4
Cawston	E. H. Gray	Miss E. M. Gray	....	25	1	....	8	....	....	....	5
Cedar, East	T. J. McPhee		9	7	....	....	....	....	....	....	1
Cedar, North	"		80	60	1	....	1	2	2	2	7
Cedar, South	"		34	32	....	....	1	1	1	1	5
Chase	Walter Scatchard		100	91	....	....	3	1	....	....	22

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
5	2	3	....	2	....	....	....	....	Poor	Good.
6	...	...	... .	...	....	....	....	....	Very good.....	Clean and adequate.
4	...	....	....	...	....	...	....	....	Good.	Clean and adequate.
10	.....	...	Tubercular spine, 1.....	...	....	..	....	.....	"	Clean.
3	1	4	.....	...	....	....	...	Vaccinations, 12.....	"	Fair.
2	....	7	Eczema, 1	...	....	....	....	....	"	"
....	6	....	.....	...	....	....	....	.....	"	Yes.
....	....	....	.....	...	.	....	....	Bad colds	"	"
2	....	....	.....	...	....	....	....	.....	"	Clean.
2	...	....	Cardiac, 1.....	...	....	....	....	Measles	"	Yes.
....	....	....	.....	...	....	....	....	....	"	Good.
3	....	....	....	...	....	....	....	.....	"	Clean.
6	....	....	.....	...	....	....	....	.....	"	Clean and adequate.
7	2	3	Weak-chest, 1.....	...	....	....	....	Influenza.....	Crowded; no water	Not satisfactory.
....	...	1	.....	...	....	....	....	Measles	" "	Good.
6	3	3	.....	...	....	1	....	.....	Very good...	"
1	....	....	.....	...	....	....	....	.....	Good.....	Clean and adequate.
1	....	2	....	...	....	....	....	....	"	Clean and adequate.
....	....	....	.....	...	....	....	....	.....	"	Clean.
3	....	....	....	..	....	....	....	Influenza.....	Fair.....	Fair.
5	....	2	.....	...	....	....	....	Influenza; measles.....	Good.....	Good.
6	...	6	....	...	....	....	....	.....	Fair	Fair.
14	3	....	.....	...	....	....	....	Influenza.....	Excellent.....	Clean.
4	...	....	.....	...	....	....	....	Vaccinations, 2....	.....	.....
8	2	5	Cardiac, 1; orthopædic, 3....	....	....	....	....	Influenza; small-pox....	Fair.....	Clean, but defective.
3	....	1	....	....	....	....	....	....	Good.....	Clean and adequate.
2	2	...	Keratitis, 1; flat foot, 1.....	....	....	....	....	Chicken-pox; influenza; measles	Fair.....	Clean.
4	...	....	.....	....	....	....	....	Measles.....	No.....	Yes.
13	....	..	.....	....	....	....	....	.....	Good.....	Good.
11	....	1	.....	....	....	....	....	.....	Excellent.....	"
8	2	4	Infantile jaw, 1; club-foot, 1..	....	....	....	1	Influenza.....	Inadequate.....	Yes.
3	....	....	....	....	....	....	....	.....	Good.....	Clean and adequate.
11	2	1	Anæmia, 1	3	....	2	....	Measles.....	"	Good.
2	....	2	....	....	....	....	....	Influenza.....	Very poor	Clean.
4	2	5	....	....	2	....	....	....	Good; church used for one division.	Good.
3	1	....	....	....	....	....	....	....	Crowded; dirty; poorly ventilated	Clean and adequate.
4	4	2	Asthma, 3; bronchitis, 2.....	....	....	....	....	....	Good.....	Clean and adequate.
4	2	3	....	....	....	....	....	....	"	Clean and adequate.
6	4	1	....	....	....	....	....	Whooping-cough.....	Overcrowded.....	Good.
8	....	....	....	....	....	....	....	....	Good.....	Fair.
13	....	11	....	....	....	....	....	....	Yes.....	Yes.
9	3	1	Pharyngitis, 2; blepharitis, 2..	....	....	....	....	.....	Satisfactory.	Satisfactory.
....	....	....	.....	....	....	....	....	Bronchitis..... ...	Junior room crowded.....	Clean and adequate.
12	....	1	....	....	....	....	....	....	Good.....	Yes.
4	...	....	....	....	....	....	....	Mumps.....	Unsatisfactory; poorly heated	"
2	...	....	....	....	....	....	....	....	.....	.....
5	1	1	....	....	....	..	....	Measles.....	Good...	No.
1	....	....	....	....	....	....	....	....	"	Clean.
....	....	....	.....	....	....	....	....	.....	.....	.....
7	..	1	Cardiac hypertrophy, 1.....	....	....	....	....	.....	Good.....	Good.
8	....	6	Stammering, 1.....	....	....	....	....	Influenza.....	"	Clean and adequate.
2	....	3	....	....	....	....	....	....	Satisfactory	Yes.
5	2	....	Cleft palate, 1.....	....	5	....	....	....	Good.	Good.
4	....	1	....	....	1	....	....	Influenza.....	"	Fair.
7	2	1	....	....	....	2	....	"	"	Good.
2	....	....	Stammering, 1	....	....	....	....	....	Bad.....	Bad.
....	....	....	.....	....	....	....	....	....	Poor	Poor.
12	3	3	....	2	....	....	....	....	Crowded	Good.
17	....	....	....	....	....	....	....	....	Good.....	Clean and adequate.
1	....	....	....	....	....	....	....	....	"	O.K.
9	2	1	Cardiac, 2; anæmic, 1; neuratic, 1	....	....	1	....	Measles; mumps..	Crowded	Fair.
8	1	....	Cardiac, 1.....	....	....	....	....	Measles.....	Good.....	Good.
41	2	56	....	....	....	....	....	....	"	Clean and adequate.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
[illegible] Creek, Lower	Walter Seatchard		13	5	....	....	....	....	....	....	....
[illegible] Creek, Upper	"	(Closed.)	....	....	....	....	....	....	....	....	....
[illegible] Road	T. J. McPhee		83	76	....	....	1	1	1	1	8
[illegible] Creek Valley	A. D. Morgan		13	13	....	....	....	....	....	....	2
[illegible]	I. H. Wright		8	5	....	....	....	....	....	....	....
[illegible] Creek	R. W. Irving		15	13	....	....	1	....	....	1	3
[illegible]	D. S. Dixon		15	14	....	....	2	....	....	....	....
[illegible]	R. W. Irving		10	8	....	....	....	....	....	....	....
[illegible]	S. E. Beech		44	27	1	....	3	....	1	11	15
Coal Creek	Wm. Workman		79	79	3	2	12	3	3	3	8
[illegible]	Lee Smith		8	7	....	....	1	....	....	2	3
Cobble Hill	W. Dykes		....	33	....	....	1	....	....	....	3
[illegible]	Douglas Corson		....	13	....	....	....	1	1	1	1
[illegible]	J. M. Barnett		5	5	....	....	....	....	....	....	1
[illegible] Gardens	W. A. Coghlin		13	13	....	....	....	1	....	1	1
[illegible]	Richard Felton	Miss Gawley	32	31	....	....	5	....	....	....	5
Copper Mountain	Lee Smith		34	32	....	....	....	1	2	5	14
[illegible]	Robert Elliot		34	34	....	....	3	....	3	....	3
Cortes Island	W. F. Shaw		15	15	....	1	3	....	....	4	8
[illegible]	W. Dykes	H. Barker	....	32	....	....	2	....	....	....	5
[illegible] Beach	"		....	12	....	....	1	....	1	1	1
[illegible] Lake	"		....	13	....	....	2	....	....	....	....
[illegible]	J. H. Hamilton		17	17	1	....	1	....	....	....	....
[illegible] Cherry Marsh	E. M. Sutherland		13	12	....	....	....	....	1	1	2
[illegible] Bay	G. C. Read		....	32	....	....	....	....	....	4	8
[illegible] Creek	J. H. Hamilton		15	12	....	....	....	....	2	2	3
[illegible] Valley	A. V. Jones		20	20	4	1	2	1	4	4	4
[illegible]	J. B. Henderson		158	153	....	....	22	....	1	13	14
Crow's Nest	Robert Elliot		9	8	....	....	3	....	2	2	2
[illegible] Lake	J. C. Henderson		10	10	....	....	....	....	1	2	2
Curzon	G. B. Henderson		9	8	....	....	2	....	....	....	1
[illegible]	L. T. Davis		11	11	....	....	....	....	....	....	....
[illegible] Creek	R. J. Elvin		26	11	2	1	1	....	4	4	5
Deep Cove	W. E. Davis		20	20	....	....	1	....	....	....	2
Deep Creek	H. W. Keith		15	11	....	....	....	....	....	....	5
Deer Park	J. E. H. Kelso		14	14	....	....	4	....	....	....	1
[illegible], West	E. H. S. McLean		14	14	....	2	....	....	5	5	5
[illegible] Island	H. Meadows		35	35	....	....	1	....	1	1	7
[illegible] Bay	T. J. McPhee		15	14	....	....	....	....	2	2	2
[illegible]	A. J. Stuart		34	31	....	1	....	....	....	....	7
Diamond Crossing	H. N. Watson		42	34	....	....	2	....	6	8	10
[illegible]	J. E. Affleck		19	18	4	....	1	....	6	6	6
[illegible] Creek	R. E. Page		13	12	....	....	....	....	....	....	1
[illegible] Ranges	H. H. Murphy		23	16	....	....	1	....	....	....	4
[illegible]	A. V. Jones		10	10	....	....	....	....	2	1	2
[illegible]	E. W. Rayward		....	9	....	....	1	1	2	1	1
Eagle Valley	Edward Buckell		10	8	....	1	1	1	....	1	1
[illegible]	J. E. H. Kelso		16	16	....	....	1	....	....	2	5
[illegible]	J. M. Barnett		10	10	....	....	1	....	....	....	....
Elk Bridge	R. C. Weldon		25	15	1	....	....	....	....	1	1
[illegible]	J. F. Saunders		38	32	....	....	1	....	1	3	3
[illegible]	W. Ross Stone		8	8	....	....	....	....	2	2	2
[illegible]	W. J. Knox		18	16	1	....	1	....	1	1	1
[illegible] Bay	E. Dighe		20	9	....	....	1	....	....	3	....
[illegible]	W. Ross Stone		9	9	....	....	....	....	1	1	1
[illegible], North	H. W. Keith		27	22	....	....	4	....	....	....	10
[illegible]	G. B. Henderson		32	26	....	....	4	....	....	5	7
[illegible]	W. A. Coghlin		12	12	....	....	2	....	....	2	2
[illegible]	L. T. Davis		40	40	....	....	1	....	....	....	....
Essondale	R. W. Large		12	12	....	....	1	....	1	....	5

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
1	....	4	.....	....	....	....	....	.....	Air-space insufficient.....	Requiring repairs.
....	....	....	.....	....	....	....	....	.....	.....	.....
12	1	6	Nephritis, 2.....	....	1	1	...	Measles; mumps.....	Good.....	O.K.
2	....	....	.....	....	....	....	....	.....	"	Clean.
1	....	....	.....	....	....	....	....	.....	Overcrowded; poorly ventilated	Good.
3	....	...	.....	....	....	....	....	.....	Good.....	Good.
5	....	....	Acute tharyngitis, 1.....	....	....	....	....	.....	Satisfactory	Clean and adequate.
....	....	....	.....	....	....	....	....	Whooping-cough.....	Good.....	Clean.
15	10	1	Orthopædic defective knee, 1..	....	....	....	....	Influenza.....	Satisfactory except for lighting	Yes.
20	3	4	Cardiac, 1; chorea, 1; bronchitis, 3; hernia, 1; laryngitis, 1	3	....	....	....	Appendicitis, 1; gastritis, 1; pneumonia, 1; influenza, 3; mumps, 38; nephritis, 1	Good.....	"
3	....	....	.....	....	....	....	....	Chicken-pox, 1	"	"
5	....	1	Cardiac, 1	....	....	....	....	.....	"	Good.
4	1	3	Cardiac, 1 nervous, 1	....	....	....	....	.....	"	Clean.
....	....	....	.....	....	....	....	....	Influenza.....	"	"
6	....	....	Cerumen, 1.	....	....	....	....	.....	.....	.....
2	....	....	Defective speech, 1.....	....	....	....	....	....	Good.....	Clean and in good order.
17	....	1	.....	....	....	....	....	....	Crowded	Yes.
6	3	3	....	....	....	....	....	Measles; mumps; influenza	No.....	Good.
5	....	....	.....	....	....	....	....	....	Good.....	"
3	....	2	Rickets, 1; asthma, 1.....	....	....	....	....	.....	"	"
1	1	1	....	....	....	....	....	....	"	"
3	....	....	.....	....	....	....	....	.....	"	Fair.
....	....	....	Cardiac, 1	....	....	....	....	Influenza.	"	Good.
6	1	....	Brachycardia, 1	....	....	....	....	Chicken-pox.....	Satisfactory	Satisfactory.
5	2	12	....	....	....	....	....	.....	Good.....	Good.
....	....	....	....	....	....	....	....	.....	"	"
6	....	....	....	....	....	....	....	.....	Poorly heated	Needs cleaning.
12	....	9	Deformity, 1.....	....	....	....	....	Influenza.....	Good.....	Clean and adequate.
3	....	....	.....	....	....	....	....	Measles; mumps; influenza	Not crowded; heating only fair	Good.
1	....	....	....	....	....	....	....	....	Good.....	Yes.
1	....	2	....	....	....	....	....	....	"	Clean and adequate.
5	....	....	....	....	....	....	....	....	Excellent.....	Poor.
4	2	5	....	....	....	....	....	....	Adequate.....	Adequate.
5	1	...	....	....	....	....	....	Measles	Good.....	Clean and adequate.
5	....	1	....	....	....	....	....	....	Log building.....	Adequate.
1	....	....	Anæmic, 1.....	....	....	....	....	....	Good.....	Clean.
....	....	4	....	....	....	....	....	....	Average; no water	Yes.
12	2	1	Ichthyosis, 1.....	....	....	....	....	....	Very good.....	"
3	1	....	....	....	....	....	....	Measles, 4; mumps, 3...	Good.....	O.K.
11	....	2	Chorea, 1.....	....	....	....	....	Small-pox, 15.....	Satisfactory	Clean and adequate.
18	2	....	Torticollis, 1.....	....	....	....	....	Influenza.....	Good.....	Clean and adequate.
11	1	1	Club-foot, 1.....	....	....	....	....	....	"	Clean and adequate.
5	....	....	....	....	....	....	....	....	"	Clean and adequate.
2	....	....	....	....	....	....	....	Small-pox	Satisfactory	Yes.
2	....	....	....	....	....	....	....	....	Poorly heated	Needs cleaning.
2	....	....	....	....	....	....	....	....	Ample room	Clean.
4	....	1	....	....	....	....	....	Influenza.....	Fair	Yes.
....	....	....	Mitral presystolic 1.....	....	....	....	....	Acute rheumatism.....	Good.....	Clean.
....	....	....	....	....	....	....	....	Influenza	"	"
13	....	5	....	....	....	....	....	Scarlet fever 4; acute rheumatism, 3	Well ventilated...	Wet and rather dirty
24	2	3	....	7	....	....	....	Mumps.....	Good.....	Yes.
5	....	....	....	....	....	....	....	Influenza.....	"	Good.
3	....	2	....	....	....	....	....	"	Good ventilation..	Clean and adequate.
6	2	....	....	....	....	....	....	....	No.	Yes.
2	....	....	....	....	....	....	....	....	Good.....	Clean and adequate.
8	....	2	....	....	....	....	....	Vaccinations, 18	Frame building...	Adequate.
2	....	....	Defective speech, 1.....	....	....	....	....	Scarlet fever.....	Good.....	Require cleaning.
5	....	...	Neurotic, 1	....	....	....	....	.....	.....	.....
5	...	2	....	....	....	....	....	....	Excellent	Good.
11	6	....	Bronchitis, 1.....	....	....	....	....	....	Satisfactory	Clean and adequate.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Extension	P. J. Emmerson		76	73	....	....	....	5	5	5	26
Fanny Bay	H. Meadows		9	8	....	....	....	....	....	....	....
Farquier	J. E. H. Kelso		10	10	....	....	3	....	....	1	1
Ferguson	J. H. Hamilton		6	6	....	....	1	....	....	....	2
Field	Paul Ewert		32	30	1	....	2	....	....	2	3
Fife	W. Truax		18	18	....	....	1	....	2	1	3
Fire Valley	J. E. H. Kelso		13	13	....	....	2	....	....	3	2
Fish Lake	H. H. Murphy		11	11	....	....	....	....	....	....	1
Flagstone	J. F. Saunders		15	13	....	....	....	....	....	4	4
Goodeville	J. C. Elliot		3	4	....	....	....	1	....	....	....
Fort Fraser	W. Ross Stone		18	18	....	....	....	....	3	3	5
Fort George	C. Ewert		....	53	4	....	5	1	1	....	7
Fort George, South	"		....	40	1	....	5	....	4	3	10
Fort Steele	F. W. Green		44	40	....	....	....	1	....	....	9
French Creek	L. T. Davis		19	15	....	....	1	....	....	....	....
Fruitlands	R. W. Irving		67	64	....	2	9	....	2	2	20
Fruitvale	W. A. Coghlin		55	54	....	1	4	3	....	5	11
Gabriola, East	T. J. McPhee		15	12	....	....	1	....	....	8	9
Gabriola, South	"		10	9	....	....	1	....	....	1	3
Galiano	E. M. Sutherland		19	18	....	....	1	....	2	2	2
Galiano, North	"		9	9	....	....	....	....	....	1	1
Ganges	"		46	43	....	....	....	....	....	....	....
Gill	A. D. Morgan		24	24	....	....	....	....	....	....	....
Gillis Bay	H. H. Planche	Miss Hughes	15	15	2	....	2	....	3	3	6
Gilpin	W. Truax		8	8	....	....	....	....	....	....	1
Glacier	J. H. Hamilton		6	6	....	....	....	....	1	1	1
Glade	A. V. Jones		28	25	....	....	....	1	....	....	1
Glenbank	E. H. S. McLean		38	37	3	1	1	....	9	9	16
Glencoe	I. H. Wright		14	13	....	....	....	....	....	....	1
Glenemma	P. D. van Kleeck		7	7	1	....	....	....	....	1	2
Glenora	W. Dykes		....	13	....	....	....	....	....	....	2
Glenrosa	Wm. Buchanan		10	10	....	....	....	....	....	....	....
Golden	Paul Ewert		128	112	4	3	1	....	....	11	16
Goldstream	Richard Felton	Miss Gawley	11	11	....	....	....	....	....	....	1
Granby Bay	L. Broe	Miss E. Stone	167	159	....	1	26	3	2	1	28
Grande Prairie	R. W. Irving		16	12	....	....	....	....	....	1	....
Grandview Bench	H. W. Keith		7	6	....	....	1	....	....	1	4
Granite Bay	C. McCallum		12	11	....	....	1	....	....	3	6
Grant Mine	T. J. McPhee		22	18	....	....	1	....	....	1	2
Grindrod	H. W. Keith		23	19	....	....	3	....	....	....	7
Hall's Landing	J. H. Hamilton		10	10	....	....	....	....	....	1	....
Happy Valley	Richard Felton	Miss Gawley	38	27	....	....	2	1	1	1	2
Harewood	T. J. McPhee		308	238	4	....	6	4	12	10	24
Harper Camp	I. H. Wright		17	13	....	....	....	....	....	....	....
Harrogate	Paul Ewert		11	11	1	1	....	....	....	2	6
Harrop	A. V. Jones		18	18	....	....	2	....	2	2	2
Hatzsic Prairie	A. J. Stuart		9	4	....	....	....	....	....	....	2
Hazelton	H. C. Wrinch		23	20	....	....	....	....	....	....	....
Hazelton, New	H. C. Wrinch		15	13	....	....	....	....	....	....	....
Hedley	E. H. Gray		....	51	....	....	5	....	1	....	17
Heffley Creek	R. W. Irving		10	10	....	..	3	....	....	1	1
Hernd Bay	W. F. Shaw		20	18	....	....	1	1	....	14	14
Heywood Corner	P. D. van Kleeck		12	9	1	....	2	....	....	....	2
Highlands	Richard Felton	Miss Gawley	12	7	....	....	1	....	....	....	3
Hilliers	L. T. Davis		13	12	....	....	....	....	....	....	....
Hilton	G. Williams		12	12	....	....	....	....	....	....	....
Hope	J. C. Elliot		30	25	....	....	....	1	2	3	7
Hope Station	"		7	8	....	....	....	....	....	....	2
Hornby Island	H. Meadows		7	7	....	....	....	....	....	....	....
Horse Creek	Paul Ewert		16	15	1	1	....	....	....	1	2
Hosmer	Douglas Corson		24	21	....	....	3	....	4	5	6
Howe Sound	F. Inglis		100	80	3	1	20	....	1	20	9
Hume	A. V. Jones		201	201	1	....	10	3	20	16	20
Hupel	H. W. Keith		9	8	....	....	3	....	....	....	....
Huscroft	G. B. Henderson		9	9	2	....	2	....	....	....	....

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
54	....	1	.....	....	....	....	....	Measles; mumps.....	Good.....	Fair.
3	....	....	.....	....	....	....	....	Infectious catarrh.....	"	Yes.
....	....	....	Curvature of spine, 1.....	....	....	....	....	.....	Fair.....	Clean.
....	....	....	.....	....	....	....	....	.....	Good.....	Good.
5	2	2	.....	....	....	....	....	.....	"	Sanitary.
8	1	....	.....	....	....	....	....	.....	Fair.....	Fair.
....	....	....	.....	....	....	....	....	.....	Good.....	Needs attention.
1	....	....	.....	....	....	....	....	Influenza.....	Satisfactory	Yes.
6	....	1	.....	....	....	....	....	.....	Good.	Good.
2	....	....	.....	....	....	....	....	.....	Adequate.....	"
10	....	....	.....	....	....	....	....	Influenza.....	Crowded; poorly ventilated	Not clean; not adequate.
13	6	3	Conjunctivitis, 1; anæmia, 2; discharging sinus, 1; atrophy muscles of right shoulder, 1; blepharitis, 11	....	....	....	....	Chicken-pox; influenza; measles	Good.	Clean and adequate.
11	6	....	Blepharitis, 1; conjunctivitis, 1	....	....	....	....	.....	"	Clean and adequate.
15	3	5	.....	....	....	....	....	.....	"	Yes.
7	...	1	.....	....	....	....	....	.....	Excellent	Good.
18	....	5	.....	....	....	....	....	Influenza.....	Good.....	"
12	2	....	Wax in ears, 1; mitral reg., 1.	....	....	....	....	.....	.....	.....
6	....	....	.....	....	....	....	....	.....	Unfinished.....	Fair.
....	....	....	.....	....	....	....	....	.....	Good.....	Good.
5	....	1	.....	....	....	....	....	.....	New school being erected	.....
2	2	....	.....	....	....	....	....	Measles.....	Fair.....	Fair.
13	10	3	.....	....	....	....	....	Pertussis; chicken-pox .	Good.....	Satisfactory.
10	2	1	.....	....	....	....	....	Tonsillitis; influenza....	"	Clean.
12	4	....	Heart-disease, 1.....	....	....	....	....	Influenza.....	"	"
3	....	....	.....	....	....	....	....	.....	Small; poor air-space	Poor.
2	....	....	.....	....	....	....	....	.....	Good.....	Good.
2	4	4	Cardiac, 1.....	....	....	....	....	.....	"	"
25	3	6	.....	1	....	....	....	Influenza.....	Good; no water...	Yes.
....	....	....	.....	....	....	....	....	.....	Excellent.....	Good.
5	....	2	.....	....	....	....	....	Whooping-cough.....	.....	Fair.
3	....	....	.....	....	....	....	....	.....	Good.....	Good.
....	....	9	.....	....	....	....	....	.....	Satisfactory	Satisfactory.
10	1	7	Cardiac, 3; dermatitis, 3	....	....	1	....	.....	Very good	Clean.
....	....	....	Tonsils, 1.....	....	4	....	....	.....	Satisfactory	Satisfactory.
101	14	43	Cleft palate, 1; orthopædic, 8; cardiac, 2; nervous, 3	....	....	....	....	.....	Good.....	Good.
1	....	....	.....	....	....	....	....	.....	"	Clean.
5	....	3	.....	....	....	....	....	Vaccinated, 1.....	Log building.....	Only one.
5	...	...	.....	....	....	....	....	.....	Crowded	Yes.
11	1	....	.....	1	....	1	....	.....	Fair.....	Poor.
9	....	4	.....	....	....	....	....	Vaccinated, 3.	Frame building...	Adequate.
1	....	....	.....	....	....	....	....	.....	Good.....	Good.
2	....	....	.....	....	....	....	....	.....	"	Clean and in good order.
33	8	3	Cardiac, 2; cleft palate, 1....	....	....	1	....	Measles, mumps	First-class.....	First-class.
....	....	....	.....	....	....	....	....	.....	In bad repair; overcrowded	One.
2	1	....	.....	....	....	....	....	.....	Good.....	Good.
6	3	3	.....	....	....	....	....	.....	New heating system; good	Fair.
3	1	....	.....	....	....	....	....	.....	Old; delapidated.	Unsatisfactory.
....	....	....	.....	....	....	....	....	Bronchitis; measles; influenza	Good.....	Fair.
....	....	....	.....	....	....	....	....	Influenza; measles.....	"	Clean and adequate.
34	....	....	.....	....	....	....	....	Diphtheria.....	Walls too low.....	Clean and adequate.
....	....	....	.....	....	....	....	....	.....	Good.....	Clean.
6	....	....	.....	....	....	....	....	.....	"	Good.
5	....	2	.....	....	....	....	....	Small-pox	.....	Fair.
2	....	....	.....	....	....	....	....	.....	Satisfactory	Satisfactory.
8	....	....	.....	....	....	....	....	.....	Excellent	Good.
1	....	....	.....	....	....	....	....	.....	Good.....	"
16	1	....	.....	....	....	....	....	.....	"	"
4	2	....	.....	....	....	....	....	.....	Adequate	Fair.
1	....	....	.....	....	....	....	....	.....	Good	Yes.
5	....	....	.....	....	....	....	....	Vaccinated, 10.....	"	Clean.
7	....	2	Cardiac, 4.....	....	....	....	....	.....	Good; shows lack of upkeep	In need of repairs.
48	3	1	.....	....	....	....	....	Measles	No..	Yes.
47	2	4	Heart, 1; St. Vitus, 3.....	4	....	....	....	.....	Good.....	Good.
3	....	3	.....	....	....	....	....	.....	Log building.....	Adequate.
2	....	...	.....	....	....	....	....	Influenza.....	Good.....	Clean and adequate.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Hutton Mills	R. E. Page		40	35					3	2	3
Ingram Mountain	J. M. Burnett		9	9		1	1				
Invermere	F. E. Coy		11	9							2
Inverness	R. W. Large		15	8			1	1		7	6
Isabella Point	E. M. Sutherland		17	16	1				2	2	1
Jaffray	J. F. Saunders		52	50			1		5	18	18
James Island	W. E. Bavis		39	30			2		1	1	14
Jordan River	Richard Felton		21	21			2				
Kaleva	G. H. Wilson	Miss Walton	11	11					2	4	5
Kedleston	G. Williams		18	15							3
Keefers	H. R. Fort		12	10	2	1	1	1	3	2	3
Kelowna, East	W. J. Knox		39	39			4				
Kelowna, North	"		24	22	2		2		1	1	1
Keremeos	E. H. Gray	E. M. Gray		74	5	4	11		2		24
Kettle River, North	W. Truax		14	12					1	1	2
Kettle Valley	J. M. Burnett		14	14			1			1	1
Kildonan	A. D. Morgan		14	14			1		1	1	4
Killarney	Lee Smith		16	16			1	1	4	6	7
Kimberley	F. W. Green			41			4				9
Kingsgate	G. B. Henderson		10	10			3				
Kinnaird	A. V. Jones		13	11					2	2	2
Kitchener	G. B. Henderson		15	15			2				4
Kitsumgallum	Alan Beech		50	40	2		1		2	5	11
Knutsford	R. W. Irving		9	4			2				
Koch Siding	A. V. Jones		11	11			1				1
Koksilah	W. Dykes			20			1				3
Krestova	A. V. Jones		10	8					1	1	1
Lac du Bois	H. H. Murphy		10	9			1				1
Landry	R. J. Elvin		8	8					4	4	6
Langford	Richard Felton	Miss Gawley	49	36			3			1	3
Lee Creek	Walter Scatchard		11	10			2	1			4
Lewis Creek	R. W. Irving		19	15			3				3
Lillooet	A. E. Nash		37	31			1	1			
Lister	G. B. Henderson		40	32			6				1
Little Fort	R. W. Irving		30	21			1			2	7
Lucerne	S. Petersky		17	13	1	2	3		11	11	10
Lumby	G. Williams	Miss Elliott	52	49							4
Lytton	H. R. Fort		32	32	3	3	5	2	5	4	6
Mable Lake	G. Williams		16	15							6
Magna Bay	Walter Scatchard		16	9							1
Malakwa	J. H. Hamilton		31	22			1				5
Malcolm Island	E. H. Wilson		37	37		2			1	2	8
Mara	H. W. Keith		57	47			11			3	34
Marshall	A. W. McCordick		8	8							1
Martin's Prairie	H. H. Murphy		32	28			4			3	7
Marysville	F. W. Green		26	24			2				3
Mayne Island	E. M. Sutherland		28	24					3	3	4
Meadow Spur	W. A. Coguhn		12	12			3	1		2	2
Meadow Valley	F. W. Andrew		8	7	1		2	1		1	
Meldrum Creek	I. H. Wright		14	14							
Metchosin	Richard Felton	Miss Gawley	38	33			2	1		2	7
Metlakatla	R. W. Large		17	17			3			1	8
Michel	R. C. Weldon		101	86	3	8	14		2	18	25
Michel, New	"		169	127	24	5	23	1	5	27	38

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
8	....	1	....	....	...	....	....	....	Good.	Good.
....	....	1	.....	....	...	....	....	Influenza.....	Crowded	Clean.
4	....	....	.....	....	...	....	....	.....	Good.....	Clean and adequate.
7	7	....	....	....	...	....	....	.....	Old and poorly furnished	Clean, but not adequate.
2	1	....	Cardiac and pulmonary disease, 1	....	....	3	....	... .	Fair.....	Fair.
35	3	1	.....	....	...	....	....	Measles	Good.....	Yes.
15	2	....	.....	....	...	....	....	Chicken-pox, 5; measles, 2	Satisfactory	Clean, but not adequate.
....	....	....	Remarkably clean and healthy children	....	....	....	....	Influenza.....	Full, but not crowded	Clean.
5	...	....	Nervous disease, 1	....	...	....	....	.....	Good.....	Good.
2	...	4	.. ..	....	...	....	....	.....	"	"
4	1	6	.....	....	...	....	....	Influenza.....	Fair.....	Clean and adequate.
7	2	7	Squamous eczema, 3; anæmia, 1; ichthyosis, 1	....	....	....	....	"	Good.....	Clean and adequate.
5	....	....	Anæmia, 4.....	....	....	....	....	Whooping-cough; influenza	Excellent	Clean and adequate.
49	....	...	....	....	....	....	....	Diphtheria.....	Good.....	Clean and adequate.
6	....	....	....	....	....	....	....	....	Hard to ventilate.	Fair.
....	...	2	.....	....	....	....	....	Influenza.....	Good.....	Clean.
6	....	1	....	....	....	....	....	....	"	"
8	....	6	.....	....	....	....	....	....	Fair.....	Yes.
14	1	1	.....	....	....	....	....	....	Good.....	.....
1	....	....	....	....	....	....	....	....	"	Clean and adequate.
5	....	....	....	....	....	....	....	.....	"	Only one.
3	....	3	Deformity, 1	3	....	....	....	Influenza.....	"	Clean and adequate.
16	2	....	Pulmonary, 1.....	....	....	....	....	.....	Crowded to capacity; well ventilated	Clean and adequate.
....	....	....	....	....	....	....	....	Influenza	Good.....	Clean.
1	1	1	.....	....	....	....	....	....	"	Good.
6	...	....	....	....	....	....	....	....	"	"
2	....	....	....	....	....	....	....	....	Room in house....	"
4	....	1	....	....	....	....	....	Influenza.....	Satisfactory	Yes.
3	2	3	.....	....	....	....	....	.....	Adequate	Adequate.
2	....	....	Asthma, 2; chronic eczema, 1; stomach-trouble, 2	....	....	....	....	....	Good.....	Very good.
5	1	4	.....	....	....	....	....	....	Not enough window-space	No lids.
1	....	....	.....	....	....	....	....	....	Good.	Good.
19	3	....	.....	....	....	....	....	.....	Normal.....	Clean.
11	....	5	.....	....	....	....	....	....	Good.....	Clean and adequate.
4	....	....	.....	....	....	..	....	....	"	Clean.
11	13	4	Unclean, 6; blepharitis, 1.....	....	....	....	....	.....	Poorly heated	Adequate, but filthy.
2	..	1	.. ..	....	....	....	....	....	Good.....	Good.
17	7	12	Pulmonary, 1; orthopædic, 2..	....	....	....	....	Influenza.....	"	Clean and adequate.
2	....	....	.....	....	....	....	....	....	"	Good.
6	....	5	....	....	....	....	....	....	Not enough window-space	No lids.
6	....	1	.....	....	....	....	....	Influenza.	Good; no water...	Good.
21	....	....	....	1	....	....	....	....	"	"
27	....	6	.....	....	....	....	....	....	New and modern..	Adequate.
7	1	....	....	....	....	....	....	....	Good.	Yes.
4	..	....	.....	....	....	....	....	....	Overcrowded.....	"
5	2	....	.....	....	....	....	....	....	Good.....	.....
7	3	1	Cardiac, 1.....	....	....	....	....	....	Satisfactory	Satisfactory.
7	....	....	.....	....	....	....	....	....	....	.....
2	1	1	.. ..	....	....	....	....	....	Fair	Yes.
....	....	....	.....	....	....	....	....	....	Needs repairs.....	Only one.
5	....	....	Acne of face, 1.....	....	....	....	....	....	Full.....	Clean and in good order.
10	5	....	Pharyngitis, 1; valvular heart-leak, 1; arrested hip-joint disease, 1; arrested spinal disease, 1; discharging ears, 1; eczema, 1	...	....	...	....	....	Satisfactory	Too close to the school.
71	13	22	Blepharitis, 1; internal strabismus, 1; cardiac, 1	...	....	1	...	Mumps, scarlet-fever, chicken-pox	Well ventilated...	Exceedingly filthy.
92	18	36	Chorea, 2; cardiac, 3; defective speech, 2; weak legs, 1; headaches, 1; tal-equinus varus, 1; strabismus, 3	...	1	1	...	Mumps, scarlet-fever....	Floors and walls dirty; ventilation good	Filthy.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Midway	J. M. Burnett		27	21	....	....	2	....	...	3	4
Mill Bay	W. Dykes		.....	18	....	....	1	...	....	....	3
Mill Creek	C. G. G. Maclean		34	30	1	1	3	1	1	2	13
Mission Creek	W. J. Knox		41	39	1	...	....	....	4	4	6
Monte Creek	H. H. Murphy		22	14	....	....	2	...	....	2	4
Montrose	L. T. Davis		7	5	....	....	1	....	....	..	....
Morrissey	Douglas Corson	(Closed)	.....	.....	....	....	....	....	....	....	....
Mount Ingersoll	E. H. S. McLean		12	11	....	....	1	....	2	2	4
Moyase	F. W. Green		.....	9	....	....	....	....	....	....	1
Moyie	"		24	16	....	....	....	....	....	....	4
Myncaster	J. M. Burnett		10	8	....	....	....	....	....	3	4
Myrtle Point	A. W. McCordick		18	13	....	....	....	....	....	1	2
Macalister	I. H. Wright		12	11	....	....	....	....	....	....	....
McBride	W. S. Rhycard		.....	18	....	....	3	2	1	2	3
McGuire	J. F. Saunders		11	10	....	....	....	....	....	5	5
MacKenzie	W. Reinhard		23	20	....	....	2	....	....	....	1
McMurdo	Paul Ewart		15	14	1	2	....	....	....	3	....
Nakusp	E. H. S. McLean		80	79	2	2	4	....	10	9	21
Nanaimo Bay	T. J. McPhee		44	41	....	....	2	1	5	5	6
Nanoose Bay	L. T. Davis		20	16	....	....	....	....	....	....	....
Namarata	F. W. Andrews		63	38	6	4	4	1	2	2	8
Nechaco	W. Ross Stone		18	18	....	....	2	....	1	1	3
Needles	J. E. Kelso		22	18	....	....	2	....	....	2	....
New Denver	W. E. Gomm		80	77	....	....	7	....	....	....	24
Newgate	J. F. Saunders		6	6	....	....	....	....	....	1	1
Nickle Plate Mine	E. H. Gray		7	7	....	....	....	....	....	....	1
Nicola	J. J. Gillis	Miss Edmonds	21	18	3	5	2	1	5	6	7
Nicola, Lower	"		22	18	....	5	1	...	4	5	7
Nicomen	A. J. Stuart		19	16	....	1	....	....	....	....	8
Nicomen, North	A. J. Stuart		17	15	....	...	....	....	....	....	6
Nimpkish	G. H. Watson	Miss Walton	7	7	....	....	....	....	....	...	....
Nine-mile Creek	W. A. Coghlin		9	8	....	....	....	....	....	....	....
Noosatsum	W. Reinhard		16	10	....	....	....	....	....	....	....
North Bend	H. R. Fort		42	40	4	2	3	6	7	4	7
Northfield	T. J. McPhee		52	45	2	....	3	1	3	4	10
North Thompson, West	H. H. Murphy		19	14	...	....	....	....	....	1	2
Notch Hill	Walter Scatchard		15	14	...	....	1	....	....	....	3
Notch Hill, Lower	"		17	15	....	....	....	....	....	....	4
Ocean Falls	John Christie		108	102	1	....	24	....	1	1	4
Okanagan	W. J. Knox		28	27	....	....	1	....	1	1	1
Okanagan, Centre	"		10	10	....	....	1	....	1	1	....
Okanagan Landing	G. Williams		43	38	....	....	....	....	....	....	17
Okanagan, South	W. J. Knox		30	29	....	...	1	....	2	2	2
Olalla	E. H. Gray	E. M. Gray	.....	4	....	2	....	....	....	....	3
One-mile Creek	Lee Smith		10	9	...	....	1	....	2	6	4
Ootsa Lake	A. A. Gray		7	7	2	...	1	....	2	2	3
Osland	R. W. Large		16	16	....	1	1	....	2	1	8
Otter Point	Richard Felton (School	temporarily closed)	.....	.....	....	....	....	....	....	....	....
Outlook	W. Truax		20	16	....	....	....	....	1	....	....
Oyama	G. Williams	Miss Elliott	55	55	..	....	1	....	...	1	3
Oyster	H. N. Watson		22	20	....	....	1	....	6	6	7
Oyster, North	"		28	22	....	....	....	1	3	5	6
Pachelqua	A. C. Nash		13	6	....	....	....	....	....	....	....
Park Siding	W. A. Coghlin		55	54	....	1	4	3	....	5	11
Parksville	L. T. Davis		42	40	....	....	3	....	....	....	1
Pass Creek	A. V. Jones		10	8	....	....	1	..	1	1	1
Pemberton Range	H. H. Murphy		8	4	...	....	1	....	..	....	1
Pender Island	E. M. Sutherland		27	26	....	....	2	....	....	....	1
Perry Siding	A. V. Jones		14	14	....	....	2	....	1	1	1
Popcum	J. C. Elliot		15	15	....	....	....	3	....	....	4
Port Alice	O. O. Lyons		69	44	....	....	....	....	....	10	16

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
....	5	3	Cardiac, 1	....	....	....	....	Influenza	Good	Clean.
4	....	....		....	....	....	....		"	Good.
12	10	....	Cardiac, 3 ; nervous, 2	....	....	....	....		Poor lighting	Clean and adequate.
4	....	5		....	....	....	....	Mumps; chicken-pox	Good	Fair.
4	....	1		....	....	....	....		Satisfactory	Yes.
3	....	....		....	....	....	....		Excellent	Good.
....	....	....		....	....	....	....			....
7	....	2		....	....	....	....		Average	Yes.
....	....	1		....	....	....	....		Good	....
4	....	....	Cardiac, 1	....	....	....	....		"	....
3	3	1		....	....	....	....	Influenza	Not completed	Clean.
12	....	....		....	....	....	....		Good	Yes.
....	....	....		....	....	....	....		"	Good.
5	1	1		....	....	1	....		Not crowded	Clean.
9	....	....		....	....	....	....		Good	Yes.
1	....	1		....	....	....	....		"	Clean and adequate.
2	....	....		....	....	....	....		Ample	Clean.
49	3	14		....	....	....	....		Good	Yes.
8	1	....	Cardiac, 1	....	....	....	....	Measles ; mumps	"	O.K.
2	....	1		....	....	....	....		Excellent	Good.
6	7	3	Acne, 1	....	....	2	1	Measles, 31 ; whooping-cough, 24	Good	Yes.
9	...	2		....	....	....	....	Influenza	Crowded	Clean and adequate.
....	....	....		....	....	....	....		Fair	Clean and adequate.
1	....	48		....	....	....	....	Vaccinations, 55	....	....
2	....	....		....	....	....	....		Poor	No.
5	....	....		....	....	....	....		Good	Clean and adequate.
9	2	2	Cardiac, 2	....	....	....	....	Whooping-cough	"	Good.
8	2	3		....	....	....	....	"	"	"
3	....	....		....	....	....	....	Small-pox, 6	Satisfactory	Clean and adequate.
5	2	....		....	....	....	....	Whooping-cough, 1	"	Clean and adequate.
....	...	....		....	....	....	....		Accommodation inadequate	Good.
5	....	..		....	....	....	....		....	....
....	....	....		....	....	....	....		Good	Clean and adequate.
15	11	12	Pulmonary, 2	....	....	....	....	Influenza	"	Clean and adequate.
13	1	....		....	1	1	....	Measles and mumps	"	Good.
2	....	....	Scalp seborrhœa, 1	....	....	....	....		Seating not sufficient	Yes.
9	....	14		....	....	....	....		Good	Not properly covered.
11	....	8		....	....	....	....		"	Dirty and not kept covered.
3	....	....	Cardiac, 1; psoriasis, 1; chronic bronchitis, 1	...	....	....	....	Influenza, 14	"	Clean and adequate.
6	1	6	Chorea, 1 ; lichenplanus, 1	....	....	....	....		"	Clean and adequate.
2	....	....		....	....	....	....	Influenza	"	Clean and adequate.
1	....	1		....	....	....	....		"	Good.
3	....	1		....	....	....	....	Mumps	Excellent	Clean and adequate.
3	1	1		2	....	....	....		Good	Clean and adequate.
....	....	1		....	....	....	....	Chicken-pox, 6	Fair	One only.
2	1	....		....	....	....	....	Influenza	Good	"
9	12	....		....	....	....	1		Crowded	Clean and adequate.
....	....	....		....	....	....	....		Good	Good.
1	....	....		....	....	....	....	Influenza	Poor	"
3	1	1		....	....	....	....		Good	"
10	2	1		....	....	....	....	Influenza	"	"
8	....	....	Orthopædic, 1	....	....	....	....	Measles	"	"
4	2	....		....	....	....	....		Normal	Clean
12	2	....	Wax in ears, 1 ; mitral reg., 1	....	....	....	....		....	....
8	....	2		....	....	....	....		Excellent	Good.
....	1	1		....	....	....	....		Room in house	"
1	....	....		....	....	....	....		Satisfactory	Yes.
3	3	....		....	....	....	....		"	Fair.
5	2	2	Heart-murmur, 1 ; chorea, 1	2	....	....	....		Crowded	"
11	2	....		....	....	....	....		....	....
10	1	1	Chorea, 1	....	....	....	....	Measles, 2	Crowded ; poorly ventilated	No.

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Ponce Coupe	R. J. Elvin		10	5	....	....	....	....	3	3	4
Ponce Coupe, Central	"		9	8	....	....	....	....	4	4	5
Ponce Coupe, North	"		18	17	....	....	3	....	2	3	2
Powell River	A. Henderson		213	208	15	....	3	1	8	26	88
Prince's Creek	O. C. Read		.....	19	....	....	....	....	....	1	3
Princeton	Lee Smith		34	32	....	....	....	1	2	5	14
Princeton, East	"		8	8	....	....	....	....	....	2	5
Procter	G. C. Read		.....	40	....	....	3	....	....	3	7
Qualicum Beach	L. T. Davis		37	36	....	....	....	....	....	....	....
Red Gap	"		15	14	....	....	1	....	....	....	1
Reiswig	G. Williams		8	4	....	....	....	....	....	....	1
Renata	J. E. H. Kelso		20	20	....	....	2	1	1	1	1
Retreat Cove	E. M. Sutherland		5	3	....	....	....	....	....	....	....
Riondel	G. C. Read		.....	7	....	....	....	....	....	1	1
Roberts Creek, East	F. Inglis		15	14	....	....	2	....	2	4	3
Robin's Range	M. G. Archibald		25	25	....	....	2	....	4	5	5
Robson	J. E. H. Kelso		20	20	....	....	1	....	....	2	2
Rock Bay	E. H. Gray		12	12	1	1	4	....	....	....	3
Rock Creek	J. M. Burnett		28	19	....	....	1	...	2	3	11
Rock Mountain	"		13	10	....	....	1	....	1	2	2
Rocky Point	Richard Felton		12	11	....	....	....	....	....	....	1
Roe Lake	J. J. Gillis	(Closed)	..	..	....	....	....	....	....	1	1
Roosville	J. F. Saunders		13	6	....	....	....	....	....	1	1
Rosebery	W. E. Gomm		11	11	....	....	....	....	....	....	6
Rose Hill	R. W. Irving		11	11	....	....	....	....	....	2	2
Rose Valley	W. Ross Stone		12	12	....	....	....	....	....	....	2
Rutland	W. J. Knox		94	88	3	1	8	2	5	4	5
Saanich, North	W. E. Bavis		57	57	....	....	2	1	....	....	9
Sahtlam	W. Dykes		.....	10	....	....	....	....	....	....	1
St. Elmo	J. C. Elliot		14	15	....	....	....	4	1	2	4
Salmo	W. A. Coghlin		35	35	....	....	2	....	....	7	7
Salmon Bench	P. D. van Kleeck		14	11	4	....	....	....	2	3	6
Salmon Valley	"		.....	6	....	....	2	....	....	3	4
Saskatoon Creek	R. J. Elvin		7	4	....	....	1	....	1	1	1
Saturna Island	E. M. Sutherland		13	13	....	....	....	....	....	....	....
Savona	M. G. Archibald		19	19	....	....	....	....	....	....	2
Savona Road	"		9	7	....	....	....	....	....	....	1
Sechelt	F. Inglis		17	8	3	....	6	....	....	6	1
Seton Lake Creek	A. C. Nash		16	15	....	....	....	....	2	2	....
Seton Portage	"		9	9	....	....	....	....	....	....	....
Seymour Arm	Edward Buckell	(School closed temporarily)	.....	.....	....	....	....	....	....	....	....
Shawnigan Lake	W. Dykes		.....	33	....	....	....	....	....	1	3
Shoal Bay	C. McCallum		10	10	....	2	1	....	1	1	6
Shoreacres	A. V. Jones		10	9	....	....	3	....	4	4	4
Shuswap	Walter Scatchard		9	9	....	....	....	....	....	1	3
Shuswap, North	Walter Scatchard		24	20	....	....	2	...	....	....	11
Shutty Bench	G. C. Reid		.....	14	1	....	....	....	....	1	2
Sicamous	Edward Buckell		10	10	....	....	3	....	....	1	....
Sidney	W. E. Bavis		128	112	....	....	10	1	2	....	50
Silver Creek	Edward Buckell		33	5	....	....	....	....	....	....	1
Silverton	W. E. Gomm		74	73	....	....	7	....	1	6	25
Similkameen	E. H. Gray	(Closed)	....	....	....	....	....	....	....	....	....
Simpson	R. W. Large		30	21	....	....	1	2	1	1	11
Sinclair	F. E. Coy		15	9	....	....	....	....	....	....	1
Sirdar	G. B. Henderson		8	7	....	....	1	...	....	....	1
Slocan Junction	A. V. Jones		22	21	1	1	4	....	6	4	6
Smithers	H. C. Wrinch		60	58	....	....	....	....	....	....	....
Soda Creek	I. H. Wright		27	11	....	....	....	....	....	....	....
Solsqua	J. H. Hamilton		7	7	....	1	....	....	....	....	....
Sooke	Richard Felton		52	42	....	....	7	1	2	2	8
Sooke, North	"		15	15	....	....	....	....	....	1	2
Sorrento	Walter Scatchard		16	15	....	....	2	....	....	....	4
Spences Bridge	J. J. Gillis (visited after hours)		....	....	....	....	....	....	....	....	....
Sproat Lake	J. H. Hamilton		11	11	....	....	....	....	3	3	3
Squamish	N. J. Paul		21	21	....	....	2	2	1	5	8
Standard Mine	W. E. Gomm		19	19	....	....	3	....	....	....	5

ASSISTED SCHOOLS.

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
3	1	1	.....	....	....	..	....	.....	Poor lighting.....	Adequate.
4	1	3	.....	....	....	....	....	.....	Adequate.....	"
1	2	2	Chest condition, 1.....	....	....	....	....	.....	"	Should be rebuilt.
87	....	3	Mitral reg., 2.....	....	....	....	...	Small-pox, 6; measles; scarlet-fever, 2; whooping-cough, 3	Good.....	Adequate.
3	....	3	....	....	....	....	...	.....	Crowded.....	Fair.
17	...	1	.....	....	....	....	....	....	"	Yes.
5	....	2	.....	....	....	....	....	.....	Good.....	"
1	1	8	.....	....	....	....	....	.....	"	Good.
10	1	1	.....	....	....	....	...	.....	Excellent.....	Not clean.
3	....	....	.....	....	....	....	....	....	"	Good.
....	....	....	.....	....	....	....	....	....	Good.....	"
1	1	4	Curvature of spine, 2	....	....	....	....	.....	"	Totally inadequate.
...	1	....	.....	....	....	....	....	....	Fair.....	Fair.
....	1	1	.....	....	....	....	....	....	"	"
4	1	....	.....	....	....	....	....	....	No.....	Yes.
10	....	....	Tuberculosis, 1	....	....	....	....	.....	Poorly heated.....	....
....	....	2	Anæmia, 2	....	....	....	....	....	Excellent.....	Well kept.
8	....	....	.....	....	....	....	....	.....	Good.....	Clean and adequate.
4	6	2	Conjunctivitis, 1.....	....	....	....	....	Influenza.....	"	Clean.
1	2	....	....	....	....	....	....	Diphtheria and influenza	"	"
2	....	....	.....	....	....	....	....	.....	"	Bad.
....	....	....	.....	....	....	....	....	.....	.....	.....
2	....	....	Nervous, 1.....	....	....	....	....	.....	Good.....	Yes.
....	....	5	.....	....	....	....	....	Vaccinated, 11..... ..	.....	.....
...	....	....	.....	....	....	....	....	.....	Good.....	Clean.
6	....	....	.....	....	....	....	....	.....	"	Good.
12	3	12	Bronchial, 3; orthopædic, 2; anæmia, 3; chorea, 2	....	....	....	...	Mumps; chicken-pox; influenza	Excellent	Clean and adequate.
20	1	....	.....	....	....	....	....	Measles, 4	Good.....	Clean and adequate.
4	1	1	.....	....	...	....	....	.....	Poor	Clean.
8	....	....	Anæmia, 1.....	....	....	....	...	....	Adequate	Good.
18	3	....	.....	....	....	....	....	.....	.....	.....
7	1	5	.....	....	....	....	....	Whooping-cough.	....	Fair.
3	....	....	.....	..	....	....	....	Smallpox.....	.....	"
1	1	1	.....	....	....	....	....	....	Adequate	Adequate.
1	....	....	Cardiac, 1	....	....	....	....	.....	Unfinished	Satisfactory.
12	....	7	.....	....	....	....	....	.....	Ventilation and heating fair	Unsanitary.
1	....	3	Wry-neck, 1	....	....	....	....	.....	.....	....
5	3	....	.....	....	....	....	....	.....	No.....	Yes.
8	2	....	....	....	....	....	....	.....	Normal	Clean.
4	....	1	....	....	..	....	....	....	"	"
....	....	....	.....	....	....	....	....	.....	.....	.....
8	....	....	Warts, 1.....	....	....	1	....	.....	Good.....	Good.
4	....	....	.....	....	....	....	....	....	Fairly crowded ...	Yes.
1	1	1	.....	....	....	....	....	.....	Good.....	Very clean.
4	....	6	.....	....	....	....	....	.....	"	Clean and adequate.
7	2	8	Orbicular spasm, 1	....	....	....	....	....	....	No lids; repairs needed.
1	....	3	.....	....	....	....	....	.....	Fair.....	Fair.
3	....	....	.....	....	....	....	....	Pertussis.....	Satisfactory.....	Yes.
48	2	....	Mitral disease, 1	....	....	....	....	Measles, 5; chicken-pox, 25	"	Inadequate and not clean.
....	....	5	.....	....	....	....	....	Influenza, smallpox....	"	Not clean.
1	...	37	Cardiac, 25; orthopædic, 2; nervous, 1	....	....	....	....	.....	.....	....
....	....	....	.....	....	....	....	....	.....	.....	.....
16	7	....	.....	....	....	....	....	.....	Satisfactory.	Clean and adequate.
1	....	....	.....	....	....	....	....	....	Good..... ...	Clean and adequate.
....	....	....	.....	....	....	....	....	Mumps.....	"	Require cleaning
8	2	4	Heart-murmur, 1	....	....	....	....	....	"	Clean.
....	....	....	....	....	....	....	....	Influenza.....	"	Not well protected from flies.
....	....	...	.....	....	....	....	....	Measles	"	Clean.
4	....	....	.....	....	....	....	....	.....	"	Good.
8	6	1	.....	....	....	....	....	Tonsillitis; catarrh. ...	"	Clean and adequate.
3	2	....	.....	....	....	....	....	....	"	Requireattention
5	....	5	Eczema, 1.....	....	....	....	....	.....	"	Not clean.
....	....	....	.....	....	....	....	....	.....	.....	.....
2	....	3	.....	....	....	....	....	.....	Good.....	Good.
18	1	4	.....	....	....	....	....	Mumps.....	"	Clean.
....	....	10	Vaccinated, 19; treated goitre, 10	....	....	....	....	Varicella, 5.....	.....	....

RURAL AND

Name of School.	Medical Inspector.	School Nurse.	No. of Pupils enrolled.	No. of Pupils examined.	Malnutrition.	Defective Mentality.	Defective Vision.	Defective Hearing.	Defective Nasal Breathing.	Adenoids.	Enlarged Tonsils.
Sullivan Valley	R. W. Irving		8	8	....	....	....	....	....	....	....
Summit Lake	E. H. S. McLean		10	10	....	....	1	....	....	....	3
Sunnybrae	Edward Buckell		9	7	....	....	....	....	....	....	2
Sunnyside	R. W. Large		10	9	....	....	1	....	....	....	7
Swanson Bay	R. Grant Lawrence		23	8	....	....	....	....	....	....	....
Sylvania	W. Dykes		....	18	....	....	1	....	....	....	4
Syringa Creek	J. E. H. Kelso		7	7	....	....	1	....	....	1	1
Tappen Siding	Edward Buckell		18	17	....	....	3	2	....	....	4
Tappen Valley	"		21	15	....	....	....	....	....	....	3
Telegraph Creek	Edward Rice		23	22	1	....	3	3	8	7	10
Telkwa	H. C. Wrinch		24	18	....	....	....	....	....	....	....
Thrums	A. V. Jones		32	30	....	....	2	2	4	4	4
Tonawalta	J. H. Hamilton		12	12	....	....	....	....	....	....	....
Tranquille	R. W. Irving		7	....	....	....	....	....	....	....	....
Trapp Lake	H. H. Murphy		17	13	....	....	2	....	....	....	3
Trout Lake	J. H. Hamilton		22	22	....	....	2	....	....	1	5
Tulameen	Lee Smith		9	7	....	....	....	....	....	2	7
Turtle Valley	Walter Scatchard		15	11	....	....	1	....	....	....	2
Ucluelet	D. S. Dixson		15	12	....	....	....	....	....	....	2
Ucluelet Arm	"	(Closed)	....	....	....	....	....	....	....	....	....
Ucluelet, East	"		8	8	....	....	....	....	....	....	....
Usk	Alan Beech		20	19	....	....	....	....	....	....	3
Valdes Island	W. F. Shaw		12	12	....	....	2	....	1	3	7
Vananda	H. H. Planche	Miss Estey	34	27	4	1	....	....	1	....	8
Vanderhoof	W. Rose Stone		109	87	....	....	1	....	10	10	14
Vesuvius	E. M. Sutherland		17	17	1	....	....	....	....	1	2
Vesuvius, North	"		17	16	....	....	....	....	....	....	....
Vinsulla	M. G. Archibald		23	21	....	....	....	....	2	....	2
Waldo	J. F. Saunders	Miss Kelly	64	59	2	....	6	....	4	14	14
Waleach	P. McCaffrey		....	12	....	....	....	1	5	7	7
Walhachin	S. E. Beech		9	9	3	....	2	....	....	....	5
Wasa	F. W. Green		....	16	....	....	2	....	....	....	2
Waterloo	T. J. McPhee		25	24	....	....	....	1	....	1	8
Watmore	Walter Scatchard	(Closed)	....	....	....	....	....	....	....	....	....
Wellington	T. J. McPhee		49	42	....	1	1	1	1	....	6
Wellington, East	"		34	27	....	....	....	....	1	1	2
Wellington, South	"		157	99	1	....	5	4	7	4	9
Westbank Townsite	Wm. Buchanan		25	18	....	....	....	....	....	....	....
Westside	H. H. Murphy		16	12	....	....	....	....	....	....	....
Westview	A. Henderson		9	9	1	....	1	1	2	3	3
Whaletown	W. F. Shaw		12	12	....	....	1	....	....	2	2
White Lake	Edward Buckell	(School closed temporarily)	....	....	....	....	....	....	....	....	....
Williams Lake	I. H. Wright		22	18	....	....	1	....	....	1	1
Williams Siding	A. V. Jones		15	15	....	....	4	....	....	....	....
Wilmer	F. E. Coy		21	10	....	....	....	....	....	....	....
Windermere	"		14	7	....	....	....	....	....	....	1
Winlaw	A. V. Jones		23	23	....	....	....	....	2	2	2
Wolfson Bay	A. W. McCordick		23	17	....	....	....	....	....	1	2
Woods Lake	W. J. Knox		34	32	1	....	2	1	2	2	3
Whycliffe	F. W. Green		44	30	....	....	2	....	....	....	5
Wynndel	G. B. Henderson		30	22	....	....	5	....	....	....	2
Yahk	"		18	16	....	....	4	....	....	....	....
Yale	P. McCaffrey		16	14	1	....	2	3	1	2	5
Ymir	W. A. Coghlin		27	26	....	....	3	....	....	9	9

ASSISTED SCHOOLS—*Continued.*

Defective Teeth.	Enlarged Glands.	Goitre.	Other Conditions, specify (Nervous, Pulmonary, Cardiac Disease, etc.).	Vermin.	Scabies.	Impetigo.	Ringworm.	Acute Fevers which have occurred during the Past Year.	Condition of Building. State if crowded, poorly ventilated, poorly heated, etc.	Closets. State if clean and adequate.
....	....	....	....	....	....	....	....	....	Good	One only.
6	....	1	....	....	....	....	....	Influenza	Average	Yes.
1	....	1	....	....	....	....	....	....	Satisfactory	"
4	4	....	....	....	....	....	....	....	"	Clean, but not adequate.
4	....	....	....	....	....	....	....	....	Good	Clean, but not adequate.
7	....	....	....	....	....	....	....	....	"	Good.
....	....	1	....	....	....	....	....	....	"	"
6	....	7	Psoriasis, 1	....	....	....	....	....	Satisfactory	Not very clean.
1	....	3	....	....	....	....	....	Influenza	"	Yes.
12	2	....	Orthopædic defect, 1	....	....	....	....	Chicken-pox; measles, influenza	Fair	Satisfactory.
....	....	....	....	....	....	....	....	influenza	Badly ventilated; very crowded	Only one.
8	....	....	Defective heart, 1	....	....	....	....	....	Good	Good.
3	....	....	....	....	....	....	....	Influenza; measles	"	"
....	....	....	....	....	....	....	....	....	Modern and Clean.	"
2	....	1	Tubercular (pulmonary), 1	....	....	....	....	....	No drinking water	Yes.
11	....	2	....	....	....	....	....	....	Good	Good.
2	....	....	....	....	....	....	....	....	Fair	Yes.
6	....	6	....	....	....	....	....	....	Good	No lids.
3	....	....	....	....	....	....	....	....	"	Clean and adequate.
....	....	....	....	....	....	....	....	....	....	....
3	....	2	Defective speech, 1	....	....	....	....	....	Good	Clean and adequate.
4	....	....	....	....	....	....	....	....	Crowded; poorly ventilated	Uncleanly and unsanitary.
5	....	....	....	....	....	....	....	....	Good	Clean and adequate.
11	2	....	....	....	....	....	....	Influenza	Excellent	Clean.
26	....	2	....	....	....	....	....	"	Crowded; poorly lighted	Clean and adequate.
4	....	....	....	....	....	....	....	Pertussis	Satisfactory, but no water.	Fair.
2	1	....	....	....	....	....	....	....	Satisfactory	"
11	....	3	....	....	....	....	....	....	....	....
35	4	....	Cardiac, 4	....	....	....	....	....	Good	Yes.
7	....	1	....	....	....	....	....	....	"	....
3	1	2	....	....	....	....	....	....	Satisfactory	Yes.
2	....	....	....	....	....	....	....	....	Good	....
7	1	2	....	....	....	....	....	....	Crowded	Fair.
....	....	....	....	....	....	....	....	....	....	....
6	....	2	Nervous irritability, 1	....	....	....	....	Measles; mumps	Good	Fair.
2	1	1	Cardiac, 1	....	....	....	....	....	"	Good.
22	2	....	....	....	1	....	....	Measles, mumps	O.K.	O.K.
1	....	....	Paralysis, 1	....	....	....	....	Whooping-cough	Satisfactory	Satisfactory.
3	....	....	....	....	....	....	....	....	Unsatisfactory	Yes.
3	....	2	Mitral disease, 1	....	....	....	....	....	Good	Clean.
5	....	....	....	....	....	....	....	....	"	Clean and adequate.
....	....	....	....	....	....	....	....	....	....	....
....	....	....	....	....	....	....	....	....	Good	Good.
4	1	1	....	....	....	1	....	....	"	"
8	....	....	....	....	....	....	....	....	"	Clean and adequate.
2	....	....	....	....	....	....	....	....	"	Clean and adequate.
5	....	....	....	....	....	....	....	....	"	Good.
15	1	....	Cardiac murmur, 1	....	....	....	....	....	Not completed	Poor condition.
4	2	2	Spinal curvatures, 2; inguinal hernia, 1	....	....	....	....	Influenza; whooping-cough	Good	Clean and adequate.
3	1	1	....	....	....	....	....	....	"	....
3	....	....	Blepharitis, 1	....	....	....	....	....	"	Clean and adequate.
2	....	....	....	....	....	....	....	....	"	Clean and adequate.
12	....	3	....	....	....	....	....	....	No	Clean.
19	3	....	Neurotic, 1	....	....	....	....	....	....	....

REGISTRAR'S REPORT UNDER THE VITAL STATISTICS ACT

VICTORIA, B.C., August 30th, 1920.

H. E. Young, Esq., M.D., C.M., LL.D.,
Secretary, Provincial Board of Health, Victoria, B.C.

SIR,—I have the honour to submit the Forty-eighth Report of Vital Statistics for the year commencing July 1st, 1919, and ending June 30th, 1920.

POPULATION.

As in former years, we are confronted with the difficulty of estimating the population of the Province—a difficulty which is greatly accentuated as the last census becomes more remote.

After due consideration it has been decided, as has been our practice in the past, to base our figures in estimating the population mainly upon the enrolment of children in the public schools of the Province.

Inasmuch, however, as we have not at the time of compiling this report been furnished with the full number of children in the public schools, nor do these figures make any allowance at all for the children attending private schools throughout the Province, we feel justified in assuming that these figures can only be regarded as giving an approximate estimate of the population. Further, it is conceded on all sides that there has recently been a considerable influx of newcomers into the Province, and as sufficient time has not yet elapsed to allow of their arrival having made any appreciable effect upon the school returns, some allowance must be made for them in our estimate.

In the case of agricultural districts, where the population may be regarded as more or less fixed, we shall multiply the number of children enrolled by 5½, and in other districts which may be considered as entitled to a floating population we shall multiply the number of children enrolled by 6½. In the case of private schools, assuming that the majority are situated in places entitled to be considered as having a floating-population, we shall multiply by 6.

The following is an estimate of the population of the Province:—

School-children, agricultural districts	28,423×5½	= 156,321
„ other districts	50,165×6½	= 326,066
„ private schools	4,000×6	= 24,000
New-comers into Province		23,500
Indians (aborigines)		25,649
Total		555,536

INDIAN RETURNS.

The Indian returns will in all cases be kept apart, and in the tables that immediately follow their numbers will not be included in the balance of the population in striking the rates.

REGISTRATIONS (NOT INCLUDING INDIANS).

	1916.	1917.	1918 (6 mos.).	1918-19.	1919-20.
Births	9,841	9,450	4,940	9,010	10,002
Deaths	3,887	3,896	2,046	6,696	4,888
Marriages	3,169	2,861	1,443	2,829	4,650
Totals	16,897	16,207	8,429	18,535	19,540

The rates per thousand of population for births, deaths, and marriages for the years 1917, 1918 (six months), 1918-19, and 1919-20 are shown in the following table:—

Place.	1917. Pop. 379,804.	1918 (6 mos.) Pop. 382,698.	1918-19. Pop. 440,187.	1919-20. Pop. 529,887.
Province—				
Registered births	9,433—24.83	4,940—12.91	9,010—20.46	10,002—18.87
Registered deaths	3,896—10.25	2,046— 5.34	6,696—15.21	4,888— 9.22
Registered deaths, less still-born	3,721— 9.79	1,954— 5.10	6,508—14.78	4,618— 8.71
Registered marriages	2,861— 7.53	1,443— 3.77	2,829— 6.42	4,650— 8.77
Vancouver City	Pop. 96,000	Pop. 107,022	Pop. 115,524	Pop. 122,219
Registered births	2,670—27.81	1,493—13.95	2,724—23.58	2,921—23.89
Registered deaths	1,307—13.61	681— 6.36	2,294—19.85	1,712—14.00
Registered deaths, less still-born	1,223—12.74	641— 5.99	2,217—19.19	1,577—12.90
Registered marriages	1,191—12.40	624— 5.83	1,272—11.01	2,029—16.60
Victoria City	Pop. 36,500	Pop. 37,121	Pop. 39,526	Pop. 40,878
Registered births	995—26.97	492—13.25	1,019—25.78	1,304—31.89
Registered deaths	476—13.03	285— 7.68	652—16.49	577—14.11
Registered deaths, less still-born	456—12.48	272— 7.32	623—15.76	539—13.18
Registered marriages	382—10.46	201— 5.41	405—10.24	612—14.97
South Vancouver	Pop. 28,106	Pop. 31,531	Pop. 37,037	Pop. 40,781
Registered births	480—17.07	207— 6.56	430—11.61	499—12.23
Registered deaths	88— 3.13	52— 1.64	230— 6.21	140— 3.43
Registered deaths, less still-born	76— 2.70	45— 1.43	221— 5.96	132— 3.23
Registered marriages	97— 3.09	52— 1.64	116— 3.13	201— 4.92
Remainder of Province	Pop. 219,188	Pop. 207,024	Pop. 248,000	Pop. 326,009
Registered births	5,288—24.12	2,748—13.27	4,837—19.89	5,278—16.18
Registered deaths	2,025— 9.23	1,028— 4.96	3,520—14.18	2,459— 7.54
Registered deaths, less still-born	1,966— 8.96	996— 4.81	3,447—13.89	2,370— 7.26
Registered marriages	1,191— 5.43	566— 2.73	1,036— 4.17	1,808— 5.54

Registrations for Province (not including Indians).

The following shows the number of registrations in the various divisions of the Province for 1918 (six months), 1918-19, and 1919-20:—

Divisions and Groups of Divisions.	Births.			Deaths.			Marriages.		
	1918 (6 Mos.).	1918-19.	1919-20.	1918 (6 Mos.).	1918-19.	1919-20.	1918 (6 Mos.).	1918-19.	1919-20.
Victoria	689	1,324	1,722	358	838	728	223	463	755
Nanaimo	311	583	630	128	430	278	67	118	177
Vancouver	1,964	3,650	3,916	820	2,874	2,096	731	1,492	2,371
New Westminster	629	1,094	1,145	257	765	569	135	222	386
Ashcroft	80	168	192	28	143	95	18	43	63
Fairview	515	981	1,001	165	570	515	115	185	427
Alberni	177	359	499	77	348	194	47	114	125
Beaton	575	851	897	213	728	413	107	192	346
Totals	4,940	9,010	10,002	2,046	6,696	4,888	1,443	2,829	4,650

Births.

In dealing with the registration of births it is necessary to differentiate between registrations of births and actual births. The former includes delayed registrations, while the latter includes births which actually occurred in the given periods.

The following table gives a comparison between the years 1918-19 and 1919-20:—

	1918-19	1919-20	Increase.	Increase per Cent.
Registrations of births	9,010	10,002	992	11.00
Births (actual)	6,969	9,308	2,339	33.56
			Decrease.	Decrease per Cent.
Delayed registrations	2,041	694	1,347	65.99

The number of registrations of births for this year is 10,002 and the number of registrations of deaths is 4,888, which gives a natural increase of 4,420, as compared with a natural increase of only 273 in 1918-19.

The following table shows the rates per thousand of population of actual births for the years 1917, 1918 (six months), 1918-19, and 1919-20:—

1917. Population 379,804	1918 (6 mos.). Population, 382,698	1918-19. Population, 440,187	1919-20. Population, 529,887
6,694..... ..... 19.39	2,997 .... 7.83	6,969.....15.83	9,308.....17.56

DEATHS.

In 1918-19 the number of deaths registered was 6,696, an increase over 1917 of 73.06 per cent. The number of deaths registered in 1919-20 is 4,888, a decrease of 27 per cent. as compared with 1918-19. It is interesting to note that in 1918-19 the number of deaths assigned to influenza was 285, or 4.25 per cent. of all deaths, while for 1919-20 only 59 deaths are attributed to the same cause, or 1.20 of all deaths. In 1918-19, 2,449 deaths were attributed to pneumonia following influenza, or 36.57 per cent. of all deaths, as against 302, or 6.17 per cent., in 1919-20.

Under the heading "Diseases of the Respiratory System" the number of deaths in 1918-19 was 2,944, as compared with 818 in 1919-20, a decrease for 1919-20 of 1,126, or 38.24 per cent.

The above figures speak for themselves, and, if brought to the attention of the general public, should be the means of securing their loyal and willing co-operation with the Medical Officers of the Province should any necessity arise in the future of adopting any precautionary measures to meet the possibility of any epidemic. The number of deaths under the heading "Early Infancy" is 591 for 1919-20, as against 447 in 1918-19, an increase of 32.21 per cent., or, excluding still-births in both periods, an increase of 23.93 per cent.

MARRIAGES.

In the year 1918-19 there were 2,829 registrations of marriages, a decrease of 1.12 per cent. as compared with 1917, when there were 2,861 registrations. For the year 1919-20 the number of registrations is 4,650, an increase over 1918-19 of 1,821, or 64.36 per cent.

The following is a classified list of deaths which have occurred in British Columbia for the years 1914 to June 30th, 1920. This table does not include Indians, for which *see* Indian returns.

	1914.	1915.	1916.	1917.	1918. (6 Mos.)	1918-19.	1990-20.
1. General diseases	856	895	936	965	523	1,242	1,140
2. Diseases of nervous system and organs of special sense	358	336	389	380	220	449	445
3. Diseases of the circulatory system	403	479	456	540	293	528	611
4. Diseases of the respiratory system	345	340	494	439	278	2,944	818
5. Diseases of the digestive system	329	260	224	268	109	189	259
6. Non-venereal diseases of the genito-urinary system and annexa	207	163	206	204	102	216	223
7. The puerperal state	65	50	50	59	17	40	47
8. Diseases of skin and cellular tissue	13	7	15	23	8	18	17
9. Diseases of bones and organs of locomotion	.....	1	3	3	1	6	12
10. Malformations	42	51	55	51	24	42	45
11. Diseases of early infancy	579	526	438	405	186	447	591
12. Old age	66	70	80	54	37	76	90
13. Affections produced by external causes	642	583	473	455	225	414	543
14. Ill-defined, including executions	72	71	68	50	23	85	47
Totals	3,977	3,832	3,887	3,896	2,046	6,696	4,888

For purposes of comparison, the results of the foregoing table have been segregated and each division has been charged with what it is responsible for in the immediate past year. No. 1, "General Diseases," contains returns for "tuberculosis," "cancer," and "influenza." These three items are responsible for 820 deaths, or 16.77 per cent. of all deaths.

ALLOTMENT OF ALL CAUSES OF DEATH TO EACH MINING DIVISION.

Mining Division.	General Diseases.	Nervous System.	Circulatory System.	Respiratory System.	Digestive System.	Non-veneral, Genito-urinary System.	Puerperal State.	Skin and Cellular Tissue.	Bones and Organs of Locomotion.	Malformations.	Early Infancy.	Still-born.	Old Age.	External Causes.	Ill-defined.	Total.
Ashcroft	....	....	2	4	1	2	...	....	.....	....	....	...	....	4	2	15
Barkerville	.....	1	2	....	....	.....	....	....	.....	....	..	....	....	1	...	4
Fort George	4	2	5	6	4	.....	....	....	.....	...	5	3	....	2	....	31
Tete Jaune Cache	.....	....	....	1	1	1	....	....	.....	....	....	....	1	1	....	5
Clinton	.....	....	....	2	....	.....	1	....	.....	....	....	....	....	4	....	7
Lillooet	2	1	1	4	....	1	...	....	.....	....	1	....	....	2	....	12
Quesnel	.....	....	....	....	....	2	....	....	.....	....	....	....	1	3	1	7
150-Mile House	3	...	....	2	....	....	....	....	.....	....	....	....	....	....	....	5
Yale	2	3	....	1	...	1	....	....	.....	....	1	....	....	1	....	9
Totals	11	7	10	20	6	7	1	....	.....	....	7	3	2	18	3	95
Fairview	11	6	2	17	3	2	2	....	.....	...	2	....	....	7	1	53
Greenwood	3	1	2	3	1	.....	....	....	.....	2	....	....	....	....	....	12
Grand Forks	7	2	1	3	3	.....	1	1	.....	2	....	2	1	8	....	31
Kamloops	74	15	20	40	8	10	1	....	4	1	10	4	4	25	1	217
Nicola	2	1	3	7	2	.....	....	....	.....	....	1	....	....	4	....	20
Princeton	4	4	2	2	1	1	....	....	.....	....	1	1	...	9	1	26
Vernon	43	6	23	31	9	4	2	....	....	2	13	2	5	13	3	156
Totals	144	35	53	103	27	17	6	1	4	7	27	9	10	66	6	515
Beaton	.....	....	....	....	....	....	....	....	.....	....	....	....	....	....	....	.....
Cranbrook	11	9	9	21	10	3	1	1	1	1	3	3	....	10	....	83
Fernie	11	3	9	12	10	3	1	....	.....	1	3	5	....	16	2	76
Golden	.....	....	1	4	1	1	....	....	.....	....	2	....	1	6	....	16
Kaslo	3	3	....	2	1	1	....	....	.....	....	....	....	1	2	....	13
Nakusp	2	1	....	....	....	1	....	....	.....	....	....	....	....	1	....	5
Nelson	41	6	10	8	3	.....	....	....	.....	1	10	1	1	7	2	90
New Denver	1	2	4	2	....	2	....	....	.....	....	1	....	....	3	....	15
Revelstoke	15	2	10	9	4	2	3	....	.....	....	3	2	2	5	1	58
Rossland	2	1	7	4	....	1	....	....	.....	....	....	....	....	....	....	15
Slocan City	.....	....	....	....	....	....	....	....	.....	....	....	....	....	....	1	1
Trail	4	2	3	3	3	4	....	....	.....	1	6	5	1	5	1	38
Trout Lake	.....	....	....	....	....	....	....	....	.....	....	....	....	....	1	....	1
Wilmer	....	....	....	1	....	.....	....	....	.....	....	....	....	....	1	....	2
Totals	89	29	53	66	32	18	5	1	1	4	28	16	6	57	7	413
Victoria City	156	47	80	96	28	30	6	4	2	5	36	38	17	26	6	577
Cowichan	9	6	3	3	3	7	....	....	.....	2	7	....	3	8	....	51
Esquimalt	1	1	3	2	1	2	....	....	.....	....	1	....	....	1	....	12
Ganges	1	....	3	2	....	1	....	....	.....	....	....	....	2	....	....	9
Oak Bay	4	1	4	1	....	....	....	....	.....	....	1	....	....	1	....	12
Saanich	11	7	6	8	3	2	....	....	.....	....	2	4	1	3	....	47
Unorganized	4	....	2	1	3	1	....	....	.....	....	....	1	2	5	1	20
Totals	186	62	101	113	38	43	6	4	2	7	47	43	25	44	7	728
Nanaimo City	22	10	11	18	6	10	2	1	.....	3	8	....	2	15	...	108
Alert Bay	2	...	....	1	....	....	....	....	.....	....	....	1	....	9	....	13
Comox	20	7	5	10	1	5	4	1	.....	....	11	2	....	41	2	109
Ladysmith	7	2	8	5	2	2	1	....	.....	....	5	....	....	4	1	37
Powell River	.....	1	1	1	1	....	....	....	.....	....	....	....	....	7	....	11
Totals	51	20	25	35	10	17	7	2	.....	3	24	3	2	76	3	278
Vancouver City	420	140	217	304	94	80	14	3	3	13	110	135	21	136	6	1,712
South Vancouver	32	8	25	30	7	4	1	1	.....	....	12	8	3	7	2	140
Point Grey	17	13	21	8	2	2	....	....	1	....	1	2	4	3	....	74
North Vancouver	15	4	2	20	4	2	5	1	....	....	7	12	2	7	2	83
North Vancouver District	3	2	2	....	....	....	....	....	....	....	3	2	1	7	....	20
West Vancouver	4	....	....	3	1	....	....	....	....	....	2	2	2	....	....	14
Unorganized	2	2	1	6	....	....	....	....	.....	1	2	2	....	9	....	25
Richmond	6	2	2	6	3	1	....	....	.....	....	....	1	....	7	....	28
Totals	509	171	270	377	111	89	20	5	4	14	143	164	33	176	10	2,096
New Westminster	57	59	36	38	7	9	....	....	.....	2	16	9	7	15	....	255
Burnaby	16	6	9	10	4	3	....	..	1	1	1	2	....	2	1	56
Chilliwack	9	5	6	2	2	7	....	1	.....	....	6	3	....	5	3	49
Outside	38	38	30	30	9	5	2	3	.....	3	9	7	3	29	3	209
Totals	120	108	81	80	22	24	2	4	1	6	32	21	10	51	7	569

ALLOTMENT OF ALL CAUSES OF DEATH TO EACH MINING DIVISION.

Mining Division.	General Diseases.	Nervous System.	Circulatory System.	Respiratory System.	Digestive System.	Non-Venereal, Genito-urinary System.	Puerperal State.	Skin and Cellular Tissue.	Bones and Organs of Locomotion.	Malformations.	Early Infancy.	Still-born.	Old Age.	External Causes.	Ill-defined.	Total.
Alberni	1	3	2	2	1	1	....	....	.....	1	....	....	....	6	....	17
Atlin	1	....	1	3	....	1	....	....	.....	....	....	....	....	1	....	7
Anyox	2	1	....	3	1	.....	....	....	.....	....	2	4	....	7	....	20
Bella Coola	2	2	2	2	1	.....	....	....	.....	1	....	....	....	8	....	18
Clayoquot	....	....	....	....	....	.....	....	....	.....	....	....	....	....	....	....	.....
Fort Fraser	1	....	1	....	3	.....	....	....	.....	1	1	....	....	5	....	12
Hazelton	2	4	3	3	1	.....	....	....	.....	....	2	1	....	8	1	25
Fort St. John	1	....	1	....	....	.....	....	....	.....	....	....	....	....	2	1	5
Hudson Hope	....	....	....	....	....	.....	....	....	.....	....	....	....	1	....	....	1
Pouce Coupe	2	....	....	2	....	.....	....	....	.....	....	....	....	....	2	....	6
Porter's Landing	1	....	....	....	....	.....	....	....	.....	....	....	....	....	....	....	1
Prince Rupert	15	3	8	8	4	6	....	....	.....	....	6	6	1	14	....	71
Quatsino	1	....	....	....	1	.....	....	....	.....	1	1	....	....	....	....	4
Queen Charlotte	....	....	....	1	....	.....	....	....	.....	....	1	....	....	1	2	5
Stewart	....	....	....	....	1	.....	....	....	.....	....	....	....	....	1	....	2
Telegraph Creek	....	....	....	....	....	.....	....	....	.....	....	....	....	....	....	....	.....
Totals	29	13	18	24	13	8	....	....	.....	4	13	11	2	55	4	194
Grand totals less (Indians)	1,140	445	611	818	259	223	47	17	12	45	321	270	90	543	47	4,888

The following table of diseases (exclusive of Indian returns) has been compiled from returns of the whole Province for the years 1901 to 1920, inclusive.

This table, like the preceding one, has been segregated, and each division shows its liability to or immunity from the diseases contained in the list for the immediate past year.

Disease.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918 (6 mos.).	1918-19.	1919-20.	Total.
Typhoid fever	35	32	24	42	34	39	63	72	55	102	92	99	85	42	32	23	24	5	13	9	922
Smallpox	..	..	..	2	.	1	..	1	..	1	.....	.....	.....	.....	.....	.....	3	...	2	.....	10
Measles	..	6	1	1	1	2	10	6	1	7	11	13	11	1	14	12	6	17	4	9	133
Scarlet fever	7	7	17	8	4	6	4	5	16	14	31	12	18	3	...	1	7	2	1	5	168
Whooping-cough	...	6	12	3	4	4	26	9	18	15	23	15	27	23	9	37	21	14	19	16	301
Diphtheria	11	31	21	16	10	15	21	29	14	23	68	36	35	11	11	18	19	7	16	40	452
Influenza	3	6	11	6	7	2	26	5	10	5	10	10	11	11	18	36	17	9	285	59	547
Tuberculosis (all forms)	105	111	126	129	167	178	243	180	137	172	316	368	422	403	425	367	413	236	431	443	5,372
Cancer (all forms)	28	48	34	43	34	36	68	49	79	113	148	180	159	205	221	259	248	144	288	318	2,702
Bronchitis	26	22	19	24	16	20	47	44	36	42	60	63	51	47	47	49	36	23	38	37	747
Pneumonia	102	155	115	104	100	110	217	152	153	164	237	258	195	183	157	228	224	131	308	119	3,412
Bronchopneumonia	.	..	..	..	..	..	.	33	46	51	85	124	66	64	62	140	92	48	96	203	1,110
Pneumonia following influenza	..	..	..	..	..	..	..	..	..	..	.....	.....	.....	.....	.....	.....	.....	.....	2,449	302	2,751
Diarrhœa and enteritis	29	30	22	48	48	45	53	33	59	74	53	130	113	108	72	35	53	17	52	50	1,124
Totals	346	454	402	426	425	458	778	618	624	783	1,134	1,308	1,193	1,101	1,068	1,205	1,163	653	4,002	1,610	19,751

ALLOTMENT OF SPECIFIED DISEASES TO EACH MINING DIVISION.

Mining Division.	Typhoid Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Tuberculosis (all forms).	Cancer (all forms).	Bronchitis.	Broncho-pneumonia.	Pneumonia.	Pneumonia following Influenza.	Diarrhœa and Enteritis.	Total.
Ashcroft	....	....	....	....	....	....	....	....	....	....	2	....	1	.....	3
Barkerville	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	.....
Fort George	....	....	....	....	....	....	1	....	1	....	1	....	3	1	7
Tete Jaune Cache	....	....	....	....	....	....	....	....	....	....	....	....	1	1	2
Clinton	....	....	....	....	....	....	....	....	....	....	1	....	.....	.....	1
Lillooet	....	....	....	....	....	....	....	....	1	....	....	2	.....	.....	3
Quesnel	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	.....
150-Mile House	....	....	....	....	....	....	1	2	....	....	....	....	1	.....	4
Yale	....	....	....	....	....	....	1	....	....	....	1	....	.....	.....	2
Totals	....	....	....	....	....	...	3	2	2	...	5	2	6	2	22

ALLOTMENT OF SPECIFIED DISEASES TO EACH MINING DIVISION—*Continued.*

Mining Divisions.	Typhoid Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Tuberculosis (all forms).	Cancer (all forms)	Bronchitis.	Broncho-pneumonia.	Pneumonia.	Pneumonia following Influenza.	Diarrhœa and Enteritis.	Total.
Fairview	....	....	....	....	1	....	1	4	2	....	1	6	9	.....	24
Greenwood	....	....	....	....	....	....	....	....	1	1	....	....	....	.....	2
Grand Forks	....	....	....	....	....	1	....	1	3	....	....	1	1	.....	7
Kamloops	2	....	....	1	2	....	5	49	13	1	2	11	20	2	108
Nicola	....	....	....	....	....	....	....	1	1	....	2	2	1	.....	7
Princeton	....	....	....	....	....	....	....	1	....	....	....	1	....	.....	2
Vernon	....	....	2	....	....	....	5	21	10	1	2	5	14	1	61
Totals	2	....	2	1	3	1	11	77	30	3	7	26	45	3	211
Beaton	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Cranbrook	....	....	....	....	....	....	2	1	2	2	....	6	13	6	32
Fernie	1	....	....	1	....	....	1	4	1	....	2	3	5	5	23
Golden	....	....	....	....	....	....	....	....	....	....	1	....	3	.....	4
Kaslo	....	....	....	....	....	....	1	1	1	....	1	....	1	.....	5
Nakusp	....	....	....	....	....	....	....	1	1	....	....	....	....	.....	2
Nelson	....	....	....	....	....	....	3	19	8	....	1	1	5	.....	37
New Denver	....	....	....	....	....	....	....	1	....	....	1	1	....	.....	3
Revelstoke	....	....	1	....	....	....	2	6	2	....	....	7	2	1	21
Rossland	....	....	....	....	....	....	....	....	2	....	1	1	1	.....	5
Slocan City	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Trail	....	....	....	....	....	....	1	1	1	....	....	2	....	2	7
Trout Lake	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Wilmer	....	....	....	....	....	....	....	....	....	....	1	....	....	.....	1
Totals	1	....	1	1	....	....	10	33	18	2	8	21	30	14	139
Victoria City	1	....	....	....	3	3	10	51	61	4	13	32	37	4	219
Cowichan	....	....	....	....	....	....	2	1	6	....	....	....	2	1	12
Esquimalt	....	....	....	....	....	....	....	....	1	....	....	....	2	.....	3
Ganges	....	....	....	....	1	....	....	....	....	1	....	1	....	.....	3
Oak Bay	....	....	....	....	1	....	....	....	3	....	....	1	....	.....	5
Saanich	....	....	....	....	....	....	....	4	6	....	1	3	4	.....	18
Unorganized	....	....	....	....	....	....	1	1	2	....	....	....	1	.....	5
Totals	1	....	....	....	5	3	13	57	79	5	14	37	46	5	265
Nanaimo City	....	....	1	....	....	4	1	7	6	3	6	3	2	3	36
Alert Bay	....	....	....	....	....	....	....	1	....	....	....	....	1	.....	2
Comox	....	....	....	....	....	....	....	12	6	1	....	5	3	.....	27
Ladysmith	....	....	....	....	....	....	....	2	3	....	1	1	3	1	11
Powell River	....	....	....	....	....	....	....	....	....	....	....	....	1	1	2
Totals	....	....	1	....	....	4	1	22	15	4	7	9	10	5	78
Vancouver City	1	....	3	2	3	20	12	166	115	14	43	75	100	12	566
South Vancouver	....	....	....	1	2	3	1	12	8	2	13	3	7	2	54
Point Grey	....	....	....	....	....	....	....	7	5	....	2	2	2	.....	18
North Vancouver City	1	....	....	....	....	3	2	4	3	....	1	6	9	.....	29
North Vancouver District	....	....	....	....	....	....	....	2	....	....	....	....	....	.....	2
West Vancouver	....	....	....	....	....	....	....	....	2	....	1	....	2	.....	5
Vancouver (outside)	....	....	....	....	....	....	....	....	1	....	....	2	3	.....	6
Richmond	....	....	....	....	....	....	....	4	2	....	1	....	3	.....	10
Totals	2	....	3	3	5	26	15	195	136	16	61	88	126	14	690
New Westminster City	....	....	....	....	1	4	....	25	14	1	2	8	17	2	74
Burnaby	....	....	....	....	....	....	2	6	5	1	2	3	2	.....	21
Chilliwack	....	....	....	....	....	....	....	2	3	....	1	1	....	.....	7
New Westminster (outside)	1	....	1	....	2	....	1	14	10	2	10	3	11	3	58
Totals	1	....	1	....	3	4	3	47	32	4	15	15	30	5	160
Alberni	....	....	....	....	....	....	1	....	....	....	....	1	....	.....	2
Atlin	....	....	....	....	....	....	....	....	....	....	....	....	3	.....	3
Anyox	....	....	....	....	....	....	....	1	....	1	....	....	2	.....	4
Bella Coola	....	....	....	....	....	....	....	1	1	....	1	1	....	.....	4
Clayoquot	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Fort Fraser	....	....	....	....	....	....	....	1	....	....	....	....	....	2	3
Hazelton	1	....	....	....	....	....	....	1	....	....	....	....	....	.....	2
Fort St. John	....	....	....	....	....	....	....	1	....	....	....	....	....	.....	1
Hudson Hope	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Pouce Coupe	....	....	....	....	....	2	....	....	....	....	....	1	1	.....	4
Porter's Landing (to December only)	....	....	....	....	....	....	....	1	....	....	....	....	....	.....	1
Prince Rupert	1	....	1	....	....	....	2	2	5	2	1	2	3	.....	19
Quatsino	....	....	....	....	....	....	....	1	....	....	....	....	....	.....	1
Queen Charlotte	....	....	....	....	....	....	....	....	....	....	....	1	....	.....	1
Stewart	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Telegraph Creek	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....
Totals	2	....	1	....	....	2	3	9	6	3	2	6	9	2	45
Grand totals	9	....	9	5	16	40	59	443	318	37	119	203	302	50	1,610

CANCER.

The number of deaths from cancer (this year, 1919-20) is 318, as compared with 288 for 1918-19, an increase of 30, or 10.41 per cent. The number of deaths from cancer this year is 6.88 per cent. of all deaths (exclusive of still-births), and the rate is 0.60 per thousand as compared with 0.65 last year. There were no deaths from cancer among the Indians.

The following table shows the number of deaths from cancer and the places where they occurred:—

Place.	Number.	Place.	Number.
[illegible]	1	*Brought forward*	119
[illegible]	5		
[illegible]	61	Vancouver City	115
[illegible]	6	South Vancouver	8
[illegible]	3	Point Grey	5
[illegible]	6	North Vancouver City	3
Victoria (unorganized)	2	West Vancouver	2
[illegible]	6	Vancouver (outside)	1
[illegible]	6	Richmond	2
[illegible]	3	Fairview	2
[illegible]	1	Greenwood	1
[illegible]	1	Grand Forks	3
[illegible]	2	Kamloops	13
[illegible]	1	Nicola	1
[illegible]	1	Vernon	10
[illegible]	1	New Westminster	14
[illegible]	8	Burnaby	5
[illegible]	2	Chilliwack	3
[illegible]	2	New Westminster (outside)	10
[illegible]	1	Esquimalt	1
Carried forward	119	Total	318

TUBERCULOSIS.

The number of deaths from tuberculosis (this year, 1919-20) is 443, as compared with 431 for 1918-19, an increase of 12, or 2.78 per cent. The number of deaths from tuberculosis is 9.59 of all deaths, exclusive of still-births, and the rate per thousand of population is 0.83, as compared with 0.97 in 1918-19. The above does not include 90 deaths from tuberculosis among the Indians.

The following table shows the number of deaths from tuberculosis and the places where they occurred:—

Place.	Number.	Place.	Number.
Anyox	1	*Brought forward*	121
Bella Coola	1		
Fort Fraser	1	Trail	1
Hazelton	1	Vancouver	166
Fort St. John	1	South Vancouver	12
Prince Rupert	2	Point Grey	7
Quatsino	1	North Vancouver City	4
Victoria	51	North Vancouver District	2
Cowichan	1	Richmond	4
Saanich	4	Fairview	4
Victoria (unorganized)	1	Grand Forks	1
Nanaimo	7	Kamloops	49
Alert Bay	1	Cranbrook	1
Comox	12	Nicola	1
Ladysmith	2	Princeton	1
150-Mile House	2	Vernon	21
Fernie	4	New Westminster	25
Kaslo	1	Burnaby	6
Nakusp	1	Chilliwack	2
Nelson	19	New Westminster (outside)	14
New Denver	1	Porter's Landing	1
Revelstoke	6		
Carried forward	121	Total	443

Tuberculosis—Indians.

The number of deaths from tuberculosis among the Indians for 1919-20 is 90, as compared with 132 in 1918-19, a decrease of 42, or 31.81 per cent., and a rate per thousand of population of 3.50, as compared with 5.33 in 1918-19.

The following table shows the number of deaths from tuberculosis among Indians and the bands in which the deaths occurred:—

Band.	Total Deaths.	Deaths from Tuberculosis.	Per Cent. of all Deaths.
Babine	6	1	16.66
Bella Coola	25	10	40.00
Cowichan	39	10	25.64
Kamloops	18	3	16.66
Kootenay	24	9	37.50
Kwawkewlth	12	5	41.66
Lytton	41	13	31.70
Nass River	1	..	....
New Westminster	18	4	22.22
Okanagan	11	3	27.27
Queen Charlotte	10	2	20.00
Skeena River	15	5	33.33
Stikine	34	5	14.70
Stuart Lake	34	7	20.58
West Coast	37	12	32.43
Williams Lake	11	1	9.09
Totals	336	90	26.78

The following table shows the assignment of the deaths from tuberculosis to the various races:—

Race.	Population.	Deaths.	Per Cent. of Deaths from Tuberculosis.	1919-1920. Rate per 1,000 Population.	1918-1919. Rate per 1,000 Population.
Whites	499,387	366	68.66	0.73	0.86
Indians (aborigines)	25,649	90	16.88	3.50	5.33
Chinese	14,000	53	9.94	3.78	4.28
Japanese	15,000	18	3.37	1.20	1.60
East Indians	1,500	6	1.12	4.00	6.85
Totals	555,536	533	99.97	....	....

The following information is given as a comparative statement *re* the ages of decedents for the years 1917, 1918 (six months), 1918-19, and 1919-20:—

Ages.	1917.	1918. (6 Mos.)	1918-19.	1919-20.	Per Cent. of Deaths of 1919-20.
Under 1 year	587	260	590	623	13.49
1 to 2 years	82	45	126	77	1.66
2 to 5 years	107	58	191	124	2.68
5 to 10 years	76	44	135	106	2.29
10 to 20 years	154	93	364	213	4.61
20 to 30 years	329	161	1,160	423	9.15
30 to 40 years	473	244	1,505	650	14.07
40 to 50 years	451	248	777	621	13.44
50 to 60 years	456	259	548	550	11.90
60 to 70 years	461	244	486	509	11.02
70 to 80 years	341	181	364	427	9.24
80 to 90 years	158	97	155	214	4.63
90 years and upwards	18	11	24	32	0.69
Age and sex not given	28	9	83	49	1.06
Totals	3,721	1,954	6,508	4,618	99.93

In the above figures still-born are not included with deaths under one year. There were 175 still-births reported in 1917, 92 for the first six months of 1918, 188 for 1918-19, and 270 for 1919-20.

The following are the cash receipts for 1919-20:—

Vital statistics	$3,087 72
Marriage licences	345 00
Total	$3,432 72

From July 1st, 1919, to June 30th, 1920, inclusive, searches and certificates of births, deaths, and marriages were made and issued as under:—

Births	1,261
Deaths	851
Marriages	484

In addition to the above, 828 certificates were issued free of charge for military purposes. Letters inward, 4,657. A considerable amount of work has been entailed in securing delayed registrations of marriages, and we desire to place on record our thanks to all the clergy of the different denominations who have so kindly assisted in the work and placed their marriage registers at our disposal. It is also opportune at this time to tender our thanks to all officers connected with this branch of the Health Department for their courtesy and promptness on all occasions.

All tabulated statements follow.

I have the honour to be,

Sir,

Your obedient servant,

HERBERT B. FRENCH,

Deputy Registrar of Births, Deaths, and Marriages.

BIRTHS, JULY, 1919, TO JUNE, 1920 (INCLUSIVE).

Totals.		Registrations (Including Delayed Registrations).			Mining Division.	Births for Year.			Totals.	
July, 1918, to June, 1919	July, 1919, to June, 1920	Sex not given.	Female.	Male.		Male.	Female.	Sex not given.	July, 1919, to June, 1920	July, 1918, to June, 1919
					Ashcroft Group—					
26	36	..	11	25	Ashcroft	22	10	..	32	15
2	..	..	..	..	Barkerville	..	..	..	..	1
67	78	..	38	40	Fort George	40	38	..	78	59
11	14	..	5	9	Tete Jaune Cache	9	5	..	14	11
11	12	..	6	6	Clinton	6	6	..	12	7
8	7	..	2	5	Lillooet	4	2	..	6	7
16	21	..	8	13	Quesnel	13	8	..	21	10
14	8	..	4	4	150-Mile House	4	4	..	8	8
13	16	..	10	6	Yale	6	8	..	14	8
					Fairview Group—					
67	49	..	23	26	Fairview	26	21	..	47	53
68	20	..	15	5	Greenwood	4	15	..	19	39
67	64	..	32	32	Grand Forks	29	30	..	59	47
290	358	..	198	160	Kamloops	148	177	..	325	214
62	49	..	20	29	Nicola	25	20	..	45	47
29	34	..	15	19	Princeton	18	14	..	32	21
398	427	..	194	233	Vernon	227	185	..	412	302
					Beaton Group—					
1	2	..	..	2	Beaton	..	..	..	..	..
109	146	..	75	71	Cranbrook	66	71	..	137	84
168	168	..	88	80	Fernie	72	81	..	153	131
33	26	..	8	18	Golden	17	8	..	25	24
27	15	..	7	8	Kaslo	7	7	..	14	16
16	19	..	8	11	Nakusp	11	8	..	19	11
216	205	..	96	109	Nelson	97	86	..	183	135
27	24	..	10	14	New Denver	11	10	..	21	18
93	128	..	64	64	Revelstoke	52	59	..	111	65
60	41	..	24	17	Rossland	10	22	..	32	25
4	2	..	..	2	Slocan	2	..	..	2	2
85	104	..	54	50	Trail	50	53	..	103	70
1	4	..	2	2	Trout Lake	1	2	..	3	1
11	13	..	5	8	Wilmer	8	5	..	13	10
					Victoria Division—					
1,019	1,304	..	608	696	Victoria City	617	566	..	1,183	810
74	117	..	52	65	Cowichan	61	47	..	108	58
56	50	..	15	35	Esquimalt	33	15	..	48	47
7	30	..	15	15	Ganges	12	11	..	23	3
19	40	..	15	25	Oak Bay	25	14	..	39	16
149	149	..	75	74	Saanich	71	71	..	142	110
..	32	..	14	18	Victoria (unorganized)	18	14	..	32	..
					Nanaimo Division—					
312	303	..	144	159	Nanaimo City	139	123	..	262	240
26	12	..	4	8	Alert Bay	8	4	..	12	24
173	214	..	98	116	Comox	104	84	..	188	135
72	81	..	36	45	Ladysmith	38	31	..	69	59
..	20	..	11	9	Powell River	8	10	..	18	..
					New Westminster Division—					
421	436	..	218	218	New Westminster City	189	209	..	398	311
112	140	..	71	69	Burnaby	67	68	..	135	89
162	164	..	76	88	Chilliwack	71	59	..	130	124
399	405	..	192	213	Outside	197	173	..	370	278
					Vancouver Division—					
2,724	2,921	..	1,371	1,550	Vancouver City	1,463	1,324	..	2,787	2,143
430	499	..	248	251	South Vancouver	238	244	..	482	379
117	98	..	39	59	Point Grey	55	36	..	91	91
161	172	..	74	98	North Vancouver City	97	74	..	171	142
32	54	..	32	22	North Vancouver District	22	31	..	53	28
14	18	..	6	12	West Vancouver	11	6	..	17	13
56	95	..	19	76	Richmond	56	17	..	73	41
116	59	..	29	30	Unorganized	28	29	..	57	92
					Alberni Group					
36	47	..	23	24	Alberni	24	21	..	45	21
39	38	..	16	22	Anyox	22	16	..	38	36
3	3	..	2	1	Atlin	1	2	..	3	1
43	47	..	26	21	Bella Coola	21	26	..	47	42
3	3	..	2	1	Clayoquot	1	2	..	3	2
16	35	..	14	21	Fort Fraser	19	14	..	33	15
37	78	..	47	31	Hazelton	29	44	..	73	27
3	2	..	..	2	Fort St. John	2	..	..	2	3
..	2	..	2	..	Hudson Hope	..	2	..	2	..
10	35	..	21	14	Ponce Coupe	13	20	..	33	8
..	..	..	..	..	Porter's Landing	..	..	..	..	..
140	185	..	89	96	Prince Rupert	92	88	..	180	120
20	11	..	3	8	Quatsino	5	3	..	8	13
6	11	..	6	5	Queen Charlotte	5	6	..	11	4
..	2	..	1	1	Stewart	1	1	..	2	..
3	..	..	..	..	Telegraph Creek	..	..	..	..	3
9,010	10,002	..	4,736	5,266	Totals	4,848	4,460	..	9,308	6,969

Total registrations, 10,002; total births, 9,308; delayed registrations, 694.

PRELIMINARY TABLE SHOWING BIRTHS FOR DIVISIONS BY MONTHS.

Division or Group.	July to December, 1919.						January to June, 1920.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Ashcroft Group.													
Ashcroft	1	3	3	2	..	8	4	..	4	3	1	3	32
Barkerville	..	..	..	..	..	..	..	..	..	..	..	..	....
Fort George	4	3	3	5	5	10	6	11	8	8	5	10	78
Tete Jaune Cache	3	..	..	4	2	..	1	..	..	1	..	3	14
Clinton	2	..	1	1	..	2	..	3	2	..	..	1	12
Lillooet	..	1	..	3	..	..	..	..	1	1	..	..	6
Quesnel	1	1	2	1	..	..	3	1	2	1	7	2	21
150-Mile House	..	..	..	1	..	..	..	1	1	2	2	1	8
Yale	1	..	1	..	1	3	1	3	1	..	3	..	14
Totals	12	8	10	17	8	23	15	19	19	16	18	20	185
Fairview Group.													
Fairview	3	4	1	2	1	1	2	6	3	7	7	10	47
Greenwood	2	3	..	1	2	..	3	..	1	2	1	4	19
Grand Forks	1	5	5	3	..	..	10	8	8	5	5	9	59
Kamloops	21	20	19	23	23	29	14	28	36	35	31	46	325
Nicola	3	6	1	2	5	2	12	6	..	3	2	3	45
Princeton	2	2	..	4	1	4	6	2	2	3	2	4	32
Vernon	25	25	26	39	25	33	25	38	46	35	60	35	412
Totals	57	65	52	74	57	69	72	88	96	90	108	111	939
Beaton Group.													
Beaton	..	..	..	..	..	..	..	..	..	..	..	..	....
Cranbrook	11	9	6	10	18	17	11	10	8	15	14	8	137
Fernie	10	12	11	11	12	10	14	7	18	13	14	21	153
Golden	2	..	1	1	1	1	4	4	3	3	2	3	25
Kaslo	3	1	1	..	4	..	..	2	1	..	1	1	14
Nakusp	1	2	4	2	1	..	1	1	1	3	1	2	19
Nelson	10	19	13	16	10	20	15	16	16	11	19	18	183
New Denver	2	..	1	3	..	3	6	..	1	2	1	2	21
Revelstoke	6	10	4	9	9	12	13	6	11	7	8	16	111
Rossland	6	4	..	1	2	4	1	5	2	2	2	3	32
Slocan	..	..	..	..	..	..	..	..	..	1	1	..	2
Trail	9	4	5	7	10	9	9	11	6	15	6	12	103
Trout Lake	..	..	..	1	..	..	1	..	1	..	..	..	3
Wilmer	1	1	..	2	..	..	..	2	1	3	..	3	13
Totals	61	62	46	63	67	76	75	64	69	75	69	89	816
Victoria Division.													
Victoria City	74	82	76	119	54	109	115	103	139	103	109	100	1,183
Cowichan	6	4	4	11	4	8	10	8	12	16	7	18	108
Esquimalt	4	4	3	2	1	6	5	4	9	5	3	2	48
Ganges	1	1	6	1	..	2	2	1	3	2	1	3	23
Oak Bay	4	2	5	5	3	1	4	1	4	4	1	5	39
Saanich	10	8	14	8	14	13	8	14	20	10	8	15	142
Victoria (unorganized)	..	..	..	3	..	8	5	3	6	3	1	4	32
Totals	99	101	108	148	76	147	149	134	193	143	130	147	1,575
Nanaimo Division.													
Nanaimo City	15	14	17	19	19	10	33	29	25	28	24	29	262
Alert Bay	1	1	1	2	1	1	1	1	..	1	1	1	12
Comox	10	10	10	17	13	15	18	19	13	17	25	21	188
Ladysmith	4	4	2	4	3	9	8	7	7	3	2	16	69
Powell River	..	..	..	..	1	4	6	2	4	..	1	..	18
Totals	30	29	30	42	37	39	66	58	49	49	53	67	549
New Westminster Division.													
New Westminster City	29	26	29	33	29	34	41	45	35	36	41	29	398
Burnaby	11	10	9	10	14	15	5	6	14	9	10	22	135
Chilliwack	8	7	11	6	8	10	9	13	19	10	14	15	130
Outside	27	22	31	30	29	30	35	30	43	26	37	30	370
Totals	66	65	80	79	80	89	90	94	111	81	102	96	1,033
Vancouver Division.													
Vancouver City	218	171	145	209	216	214	262	233	284	308	237	290	2,787
South Vancouver	41	35	30	32	31	43	47	49	48	35	39	52	482
Point Grey	8	5	8	4	8	4	10	10	9	10	4	11	91
North Vancouver City	5	17	6	11	11	6	24	20	23	15	17	16	171
North Vancouver District	5	4	1	6	5	5	5	8	4	3	2	5	53
West Vancouver	1	1	..	..	2	1	4	..	1	1	3	3	17
Richmond	5	9	5	2	4	6	6	4	6	11	7	8	73
Unorganized	4	1	7	2	7	3	3	1	6	4	8	11	57
Totals	287	243	202	266	284	282	361	325	381	387	317	396	3,731

PRELIMINARY TABLE SHOWING BIRTHS FOR DIVISIONS BY MONTHS—*Continued.*

Division or Group.	JULY TO DECEMBER, 1919.						JANUARY TO JUNE, 1920.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Alberni Group.													
Alberni	2	3	2	2	2	6	5	4	..	9	7	3	45
Anyox	2	4	..	2	2	6	3	2	9	..	4	4	38
Atlin	..	..	1	..	..	..	..	..	1	..	..	1	3
Bella Coola	..	7	1	4	7	3	3	3	1	4	5	9	47
Clayoquot	..	..	..	..	2	..	1	..	..	..	..	..	3
Fort Fraser	1	..	2	3	3	3	..	6	2	6	2	5	33
Hazelton	7	2	7	4	2	7	7	3	13	8	4	9	73
Fort St. John	..	..	1	..	1	..	..	..	..	..	..	..	2
Hudson Hope	..	..	..	..	..	..	1	..	..	..	..	1	2
Pouce Coupe	3	1	1	4	2	3	..	6	3	5	3	2	33
Porter's Landing	..	..	..	..	..	..	..	..	..	..	..	..	....
Prince Rupert	15	10	10	14	14	16	11	17	27	17	13	16	180
Quatsino	1	1	..	..	1	1	1	..	..	2	1	.	8
Queen Charlotte	4	..	..	1	..	..	1	..	..	1	1	3	11
Stewart	..	..	..	..	..	..	..	..	..	..	1	1	2
Telegraph Creek	..	..	..	..	..	..	..	..	..	..	..	..	....
Totals	35	28	25	34	36	45	33	41	56	52	41	54	480
Grand totals	647	601	553	723	645	770	861	823	974	893	838	980	9,308

PRELIMINARY TABLE SHOWING DEATHS FOR DIVISIONS BY MONTHS.

Division or Group.	July to December, 1919.						January to June, 1920.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April.	May.	June.	Total.
Ashcroft Group.													
Ashcroft	..	1	3	2	2	..	1	1	1	3	1	..	15
Barkerville	..	..	1	1	..	..	..	..	1	1	..	..	4
Fort George	1	4	3	1	1	3	1	7	3	3	3	1	31
Tete Jaune Cache	1	..	..	1	1	..	..	..	2	..	..	..	5
Clinton	2	..	1	..	..	1	..	1	..	1	1	..	7
Lillooet	..	2	2	3	1	1	1	1	..	..	..	1	12
Quesnel	..	1	..	1	..	2	..	..	..	1	1	1	7
150-Mile House	..	..	..	..	..	2	..	..	2	1	..	..	5
Yale	..	1	..	2	..	..	3	..	2	1	..	..	9
Totals	4	9	10	11	5	9	6	10	11	11	6	3	95
Fairview Group.													
Fairview	3	4	5	1	1	3	..	6	13	8	4	5	53
Greenwood	3	..	1	..	.	1	1	4	..	2	..		12
Grand Forks	2	5	1	1	1	2	7	4	3	2	2	1	31
Kamloops	18	11	15	10	12	20	11	34	24	23	21	18	217
Nicola	5	..	..	1	..	..	..	..	..	10	4	..	20
Princeton	1	4	..	..	1	4	2	4	2	4	4	..	26
Vernon	10	10	5	11	13	18	15	8	24	14	12	16	156
Totals	42	34	27	24	28	48	36	60	66	63	47	40	515
Beaton Group.													
Beaton	..	..	..	..	..	..	..	..	..	.	..	..	..
Cranbrook	..	..	6	23	1	9	8	3	13	12	5	3	83
Fernie	8	3	7	5	3	3	7	1	26	5	4	4	76
Golden	..	..	2	1	.	1	2	3	4	1	..	2	16
Kaslo	..	..	1	..	..	1	1	4	2	..	2	2	13
Nakusp	..	..	..	..	..	1	2	..	..	..	..	2	5
Nelson	11	3	5	4	5	7	6	9	18	6	8	8	90
New Denver	2	..	..	1	1	..	3	..	3	..	2	3	15
Revelstoke	1	5	8	3	2	3	6	7	5	9	6	3	58
Rossland	..	1	2	3	..	1	1	1	4	1	..	1	15
Slocan	..	..	..	..	..	1	..	..	..	..	..	..	1
Trail	3	3	3	..	3	3	4	5	6	6	2	..	38
Trout Lake	..	..	..	..	..	..	..	..	..	..	..	1	1
Wilmer	..	..	..	..	..	1	1	..	..	..	..	..	2
Totals	25	15	34	40	15	31	41	33	81	40	29	29	413
Victoria Division.													
Victoria City	44	25	35	41	42	46	56	87	81	39	49	32	577
Cowichan	5	2	3	2	3	1	9	4	5	6	3	8	51
Esquimalt	1	..		..	1	1	..	3	3	..	1	2	12
Ganges	..	..	..	1	1	2	..	1	..	1	1	2	9
Oak Bay	1	1	..	1	.	1	4	2	1	..	..	1	12
Saanich	5	1	3	3	..	7	6	8	7	4	..	3	47
Unorganized	.	..	..	3	2	4	..	4	..	4	1	2	20
Totals	56	29	41	51	49	62	75	109	97	54	55	50	728
Nanaimo Division.													
Nanaimo City	10	6	8	9	10	8	11	11	16	9	3	7	108
Alert Bay	1	..	1	1	..	1	1	2	1	3	2	.	13
Comox	10	9	7	7	9	12	6	8	7	11	13	10	109
Ladysmith	2	1	4	1	3	5	1	2	12	..	4	2	37
Powell River	..	..	..	..	..	2	2	1	2	..	3	1	11
Totals	23	16	20	18	22	28	21	24	38	23	25	20	278
New Westminster Division.													
New Westminster City	20	13	21	17	20	20	16	27	35	22	21	23	255
Burnaby	3	6	6	1	3	4	2	2	15	4	2	8	56
Chilliwack	3	3	4	4	4	1	6	8	6	5	4	1	49
Outside	10	12	13	17	17	13	18	17	31	21	25	15	209
Totals	36	34	44	39	44	38	42	54	87	52	52	47	569
Vancouver Division.													
Vancouver City	117	96	94	120	114	138	158	152	276	155	144	148	1,712
South Vancouver	13	8	7	11	10	11	13	16	18	16	6	11	140
Point Grey	4	8	5	2	5	7	5	12	6	8	8	4	74
North Vancouver City	4	9	1	10	7	1	9	11	12	7	6	6	83
North Vancouver District	3	2	..	1	..	.	3	2	2	1	1	5	20
West Vancouver	3	..	..	.	.	1	1	2	3	4	..	..	14
Richmond	3	1	2	3	2	2	1	2	5	2	4	1	28
Unorganized	2	5	2	1	2	2	1	3	3	2	1	1	25
Totals	149	129	111	148	140	162	191	200	325	195	170	176	2,096

PRELIMINARY TABLE SHOWING DEATHS FOR DIVISIONS BY MONTHS—*Continued.*

Division or Group.	JUNE TO DECEMBER, 1919.						JANUARY TO JUNE, 1920.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April.	May.	June.	Total.
Alberni Group.													
Alberni	2	2	1	..	1	3	1	3	..	3	..	1	17
Anyox	3	1	..	1	2	4	4	..	2	..	2	1	20
Atlin	1	..	..	..	..	..	..	1	3	..	1	1	7
Bella Coola	..	5	1	2	5	3	..	..	..	..	2	..	18
Clayoquot	..	..	..	..	..	..	..	..	..	..	..	..	..
Fort Fraser	2	..	..	3	..	..	..	..	1	1	2	3	12
Hazelton	4	1	2	..	3	4	1	2	4	3	1	..	25
Fort St. John	3	..	1	..	1	..		..	..	..	..	..	5
Hudson Hope	..	..	..	..	..	..	..	1	..	..	..	..	1
Pouce Coupe	..	..	..	..	..	..	..	2	1	2	..	1	6
Porter's Landing	..	1	..	..	..	..	..	..	..	..	..	..	1
Prince Rupert	5	4	8	1	3	2	6	10	15	5	7	5	71
Quatsino	1	..	..	..	1	..	1	.	..	1	..	..	4
Queen Charlotte	1	..	..	..	..	..	..	..	..	1	..	3	5
Stewart	..	..	..	..	..	1	..	..	..	1	..	..	2
Telegraph Creek	..	..	..	..	..	.	..	..	..	..	..	..	..
Totals	22	14	13	7	16	17	13	19	26	17	15	15	194
Grand totals	357	280	300	338	319	395	425	509	731	455	399	380	4,888

TABLE OF DEATHS, SHOWING DISTRICT AND AGE, FOR YEAR JULY, 1919, TO JUNE, 1920 (INCLUSIVE).

Mining Division.	Under one Year including Still-born.	1 to 2 Years.	2 to 5 Years.	5 to 10 Years.	10 to 20 Years.	20 to 30 Years.	30 to 40 Years.	40 to 50 Years.	50 to 60 Years.	60 to 70 Years.	70 to 80 Years.	80 to 90 Years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total, July, 1919, to June, 1920.	Total, July, 1918, to June, 1919.	Increase.	Decrease.	Still-born.
Ashcroft Group.																						
Ashcroft	1	...	...	...	...	1	1	5	3	1	3	...	...	...	14	1	..	15	14	1	....	....
Barkerville	...	...	...	...	...	...	...	...	...	1	...	3	...	...	4	...	..	4	4	..	....	....
Fort George	9	..	1	1	...	3	5	2	1	5	2	1	..	1	23	8	..	31	66	..	35	3
Tete Jaune Cache	1	...	...	...	...	1	1	...	...	1	1	...	...	...	3	2	..	5	11	..	6	....
Clinton	...	...	...	...	1	2	...	2	2	...	...	...	...	...	5	2	..	7	12	..	5	....
Lillooet	3	1	...	...	...	...	1	1	2	2	2	...	...	...	6	6	..	12	13	..	1	....
Quesnel	...	...	...	...	1	...	2	...	...	1	1	...	...	2	6	1	..	7	6	1	....	....
150-Mile House	...	...	...	...	3	1	1	...	...	...	...	...	...	...	1	4	..	5	9	..	4	....
Yale	3	...	...	...	...	...	1	1	2	...	2	...	...	...	5	4	..	9	8	1	....	....
Fairview Group.																						
Fairview	5	4	5	4	3	4	8	2	8	3	3	3	...	1	27	26	..	53	51	2	....	....
Greenwood	3	...	...	...	...	1	1	...	1	3	1	1	...	1	4	8	..	12	42	..	30	....
Grand Forks	5	...	2	...	3	3	3	6	2	2	4	1	...	...	18	13	..	31	52	..	21	2
Kamloops	29	2	7	5	11	24	46	25	17	11	28	13	1	4	152	65	..	217	219	..	2	4
Nicola	4	1	...	...	3	5	3	...	2	1	...	1	...	...	13	7	..	20	19	1	....	....
Princeton	7	...	1	...	1	3	4	2	2	5	1	...	...	...	18	8	..	26	43	..	17	1
Vernon	22	3	3	3	4	13	26	25	14	13	17	6	2	5	90	66	..	156	144	12	....	2
Beaton Group.																						
Beaton	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	....	....
Cranbrook	14	4	2	1	4	11	16	10	8	4	5	2	..	2	56	27	..	83	126	..	43	3
Fernie	16	2	4	2	6	8	15	11	7	2	1	1	..	1	52	24	..	76	140	..	64	5
Golden	2	...	1	...	1	1	4	2	2	1	1	1	...	...	11	5	..	16	20	..	4	....
Kaslo	1	1	1	...	1	1	2	...	2	2	2	...	...	...	10	3	..	13	11	2	....	....
Nakusp	...	...	...	1	...	...	1	2	1	...	...	...	...	...	1	4	..	5	3	2	...	....
Nelson	16	2	2	...	6	13	12	7	10	9	10	2	...	1	58	32	..	90	141	..	51	1
New Denver	2	...	...	...	...	...	5	3	2	1	1	1	...	...	12	3	..	15	39	..	24	....
Revelstoke	10	..	4	2	4	7	3	4	10	7	3	4	...	...	33	25	..	58	69	..	11	2
Rossland	1	...	...	1	...	...	2	3	3	1	1	2	...	1	8	7	..	15	75	..	60	....
Slocan City	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	..	1	2	..	1	....
Trail	16	1	4	...	4	1	5	3	1	1	...	1	...	1	27	11	..	38	98	..	60	5
Trout Lake	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	..	1	....	1	...	....
Wilmer	...	...	...	...	...	1	...	...	1	...	...	...	...	...	....	2	..	2	4	..	2	....
Victoria Division.																						
Victoria City	104	6	13	11	18	45	61	64	71	79	62	37	4	2	324	253	..	577	652	..	75	38
Cowichan	13	...	...	...	2	2	4	6	7	7	6	4	...	...	41	10	..	51	61	..	10	....
Esquimalt	1	...	...	...	...	4	3	...	2	1	...	1	...	...	8	4	..	12	41	..	29	....
Ganges	1	...	...	...	...	...	...	1	2	2	...	2	..	1	5	4	..	9	1	8	....	....
Oak Bay	2	1	1	...	...	...	...	1	1	...	3	3	...	...	8	4	..	12	19	..	7	....
Saanich	11	...	2	...	4	2	5	1	7	7	5	2	..	1	27	20	..	47	64	..	17	4
Unorganized	2	...	...	...	...	1	3	...	2	5	1	4	..	2	16	4	..	20	....	20	....	1
Nanaimo Division.																						
Nanaimo City	24	...	6	5	5	10	11	9	10	8	10	5	4	1	65	43	..	108	224	..	116	....
Alert Bay	1	...	...	1	...	4	3	2	2	...	...	...	...	...	12	1	..	13	23	..	10	1
Comox	18	2	2	4	3	10	24	24	6	8	7	...	...	1	76	33	..	109	136	..	27	2
Ladysmith	6	1	1	2	1	6	4	4	3	4	4	...	...	1	21	16	..	37	47	..	10	....
Powell River	1	..	...	...	3	...	2	1	...	...	...	...	...	4	11	....	..	11	....	11	....	....
New Westminster Division.																						
New Westminster City	36	2	4	4	12	22	35	26	30	31	37	11	4	1	140	115	..	255	367	..	112	9
Burnaby	8	...	1	1	3	3	5	6	6	12	5	3	3	..	34	22	..	56	64	..	8	2
Chilliwack	12	...	...	1	4	2	3	5	8	4	7	2	...	1	29	20	..	49	59	..	10	3
Outside	34	5	6	3	11	11	19	25	22	33	20	16	2	2	141	68	..	209	275	..	66	7
Vancouver Division.																						
Vancouver City	324	27	32	41	65	152	245	271	205	164	124	53	7	2	1062	650	..	1712	2294	..	582	135
South Vancouver	26	...	1	2	5	4	10	10	5	6	5	7	2	..	49	34	..	83	106	..	23	12
Point Grey	6	1	...	1	1	2	2	3	1	1	...	1	...	1	11	9	..	20	22	..	2	2
North Vancouver City	38	4	4	6	6	11	4	11	10	20	17	7	2	..	71	69	..	140	230	..	90	8
North Vancouver District	4	...	...	...	...	...	1	1	2	2	3	1	...	...	9	5	..	14	8	6	....	2
West Vancouver	5	1	2	...	2	6	6	8	9	14	13	8	...	...	48	26	..	74	103	..	29	2
Richmond	2	2	1	2	...	2	3	4	6	3	1	1	1	..	19	9	..	28	46	..	18	1
Unorganized	6	...	...	1	3	3	6	...	1	4	1	...	...	...	20	5	..	25	65	..	40	2
Carried forward	855	73	113	104	204	406	611	700	520	492	415	211	31	40	2806	1785	..	4684	6348	68	1722	259

TABLE OF DEATHS, SHOWING DISTRICT AND AGE, FOR YEAR JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

Mining Division.	Under 1 Year including Still-born.	1 to 2 Years.	2 to 5 Years.	5 to 10 Years.	10 to 20 Years.	20 to 30 Years.	30 to 40 Years.	40 to 50 Years.	50 to 60 Years.	60 to 70 Years.	70 to 80 Years.	80 to 90 Years.	90 and upwards.	Age not given.	Male.	Female.	Sex not given.	Total July, 1919 to June, 1920.	Total July, 1918 to June, 1919.	Increase.	Decrease.	Still-born.
Brought Forward	855	73	113	104	204	406	611	700	520	492	415	211	31	40	2906	1785	..	4684	6348	68	1722	259
Alberni Group.																						
Alberni	2	...	1	...	1	3	1	...	5	...	2	1	..	1	15	2	..	17	26	..	9	....
Anyox	6	2	...	...	...	4	6	1	1	...	...	...	..	...	14	6	..	20	65	..	45	4
Atlin	...	...	...	...	...	...	1	2	4	...	...	...	..	...	5	2	..	7	3	4	....	...
Bella Coola	2	...	...	...	...	1	3	4	2	3	...	...	..	3	16	2	..	18	22	..	4	....
Clayoquot	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..	...	...	..	...	...
Fort Fraser	2	2	4	...	2	...	...	...	...	2	...	...	..	...	8	4	..	12	21	..	9	...
Hazelton	5	...	...	...	2	1	3	2	5	4	2	...	..	1	20	5	..	25	40	..	15	1
Fort St. John	...	...	...	...	...	...	2	1	...	1	...	...	..	1	5	...	..	5	1	4	....	....
Hudson Hope	...	...	...	...	...	...	...	...	1	...	...	...	..	...	1	...	..	1	...	1	...	....
Pouce Coupe	1	...	1	...	2	...	1	...	1	...	...	...	..	...	4	2	..	6	9	..	3	....
Porter's Landing	...	...	...	...	...	...	1	...	...	...	...	...	..	...	...	1	..	1	....	1	....	....
Prince Rupert	16	...	4	1	2	8	10	8	8	7	2	2	..	3	48	23	..	71	132	..	61	6
Quatsino	3	...	...	...	...	...	...	1	...	...	...	...	..	..	3	1	..	4	4	..	..	...
Queen Charlotte	1	...	1	...	...	...	...	1	2	...	...	...	..	...	3	2	..	5	21	..	16	....
Stewart	...	...	...	...	...	...	1	1	...	...	...	...	..	...	1	1	..	2	3	..	1	....
Telegraph Creek	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	..	...	1	..	1	....
Totals	893	77	124	106	213	423	650	621	550	509	427	214	32	49	3049	1839	..	4888	6696	78	1886	270

PRELIMINARY TABLE SHOWING MARRIAGES FOR DIVISIONS BY MONTHS.

Division or Group.	JULY TO DECEMBER, 1919.						JANUARY TO JUNE, 1920.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Ashcroft Group.													
Ashcroft	3	..	2	2	1	2	1	..	..	1	3	1	16
Barkerville	..	..	..	..	..	..	1	..	..	..	..	..	1
Fort George	1	..	..	7	2	3	1	3	1	5	1	2	26
Tete Jaune Cache	..	2	..	..	..	..	..	..	..	..	..	1	3
Clinton	..	..	..	..	..	.	..	..	1	..	1	..	2
Lillooet	..	1	..	..	1	..	..	..	..	..	..	1	3
Quesnel	1	..	..	.	1	2	1	..	3	1	1	1	11
150-Mile House	..	..	..	..	..	..	..	..	..	1	..	..	1
Yale	..	..	..	..	..	..	..	..	..	..	.	..	..
Totals	5	3	2	9	5	7	4	3	5	8	6	6	63
Fairview Group.													
Fairview	2	3	7	2	7	5	3	3	..	1	1	5	39
Greenwood	..	..	1	2	..	..	..	1	..	1	..	..	5
Grand Forks	1	2	1	..	1	2	3	2	3	3	2	5	25
Kamloops	6	12	9	7	6	11	7	71	13	5	4	11	162
Nicola	2	1	1	..	4	1	..	..	2	..	1	2	14
Princeton	..	..	..	2	1	4	..	1	..	..	3	1	12
Vernon	12	11	8	11	18	18	15	20	12	13	4	28	170
Totals	23	29	27	24	37	41	28	98	30	23	15	52	427
Beaton Group.													
Beaton	..	..	..	..	..	..	..	..	.	..	..	..	..
Cranbrook	2	5	6	2	4	7	4	4	2	2	4	5	47
Fernie	4	3	3	2	6	3	8	3	9	5	8	11	65
Golden	1	1	2	..	2	..	1	2	1	1	2	3	16
Kaslo	..	1	1	1	..	..	1	..	..	..	2	1	7
Nakusp	..	..	1	..	..	..	..	..	..	..	..	1	2
Nelson	15	7	12	8	4	5	5	12	7	9	3	15	102
New Denver	..	1	..	1	..	2	..	..	1	1	..	1	7
Revelstoke	4	1	6	10	4	2	1	..	1	4	6	7	46
Rossland	..	2	3	1	1	3	..	..	..	1	1	2	14
Slocan	..	1	..	..	..	..	..	..	.	..	..	..	1
Trail	4	1	6	1	5	..	1	2	4	4	6	1	35
Trout Lake	..	..	..	..	..	..	..	..	..	.	..	..	..
Wilmer	..	..	..	..	..	..	..	..	..	1	2	1	4
Totals	30	23	40	26	26	22	21	23	25	28	34	48	346
Victoria Division.													
Victoria City	47	63	61	44	51	65	59	28	31	56	46	61	612
Cowichan	3	4	1	3	2	5	1	3	1	4	3	7	37
Esquimalt	2	1	4	3	2	1	..	..	..	3	1	1	18
Ganges	1	..	.	1	2	..	2	1	..	.	..	1	8
Oak Bay	5	4	1	5	6	2	1	1	4	3	2	3	37
Saanich	6	2	2	3	4	3	2	4	3	3	5	3	40
Unorganized	..	..	..	..	..	..	1	..	1	1	..	..	3
Totals	64	74	69	59	67	76	66	37	40	70	57	76	755
Nanaimo Division.													
Nanaimo City	3	5	16	6	11	11	9	4	10	12	5	9	101
Alert Bay	..	..	..	2	1	1	..	1	..	1	2	..	8
Comox	3	4	3	2	4	6	3	3	4	1	5	4	42
Ladysmith	1	5	..	1	7	3	..	..	2	3	1	1	24
Powell River	..	..	..	..	..	..	..	..	..	.	1	1	2
Totals	7	14	19	11	23	21	12	8	16	17	14	15	177
New Westminster Division.													
New Westminster City	18	11	24	20	21	25	18	7	17	20	21	23	225
Burnaby	4	2	5	2	3	7	3	4	3	4	3	8	48
Chilliwack	1	5	9	1	4	2	2	5	3	7	4	..	43
Outside	3	6	4	7	7	12	4	5	7	5	4	6	70
Totals	26	24	42	30	35	46	27	21	30	36	32	37	386
Vancouver Division.													
Vancouver City	141	170	176	193	157	188	173	133	133	171	132	262	2,029
South Vancouver	10	15	15	19	27	15	24	6	17	12	11	30	201
Point Grey	5	5	5	3	1	5	2	3	..	3	1	12	45
North Vancouver City	14	2	4	5	6	7	4	3	5	5	6	9	70
North Vancouver District	..	2	2	2	..	..	..	..	..	1	..	..	7
West Vancouver	..	..	..	1	..	..	..	..	1	.	..	..	2
Richmond	1	2	5	..	..	2	..	1	1	1	2	..	15
Unorganized	1	1	..	..	..	..	..	..	..	..	..	..	2
Totals	172	197	207	223	191	217	203	146	157	193	152	313	2,371

PRELIMINARY TABLE SHOWING MARRIAGES FOR DIVISIONS BY MONTHS—*Continued.*

Division or Group.	JULY TO DECEMBER, 1919.						JANUARY TO JUNE, 1920.						
	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Alberni District.													
Alberni	..	1	1	..	2	..	2	1	..	1	1	1	10
Anyox	..	..	..	4	4	..	..	..	..	..	2	.	10
Atlin	..	..	..	1	..	..	..	..	..	1	..	..	2
Bella Coola	..	4	2	1	2	..	..	..	..	..	..	1	10
Clayoquot	..	..	..	.	..	..	.	..	..	..	..	..	..
Fort Fraser	2	..	2	1	1	..	..	..	2	..	..	1	9
Hazelton	2	..	1	2	1	4	..	2	2	..	..	1	15
Fort St. John	..	..	..	..	..	..	..	..	..	..	..	..	..
Hudson Hope	..	..	..	..	..	..	..	..	..	..	..	..	..
Pouce Coupe	1	..	1	..	1	1	..	.	..	..	1	..	5
Porter's Landing	..	..	..	..	..	..	..	..	..	..	..	..	..
Prince Rupert	7	9	1	3	3	5	4	4	1	5	7	10	59
Quatsino	..	..	1	..	..	..	..	..	..	..	..	..	1
Queen Charlotte	..	..	.	..	..	1	..	..	..	..	..	..	1
Stewart	..	..	.	.	.	..	..	..	..	..	..	2	2
Telegraph Creek	..	..	..	..	1	..	..	..	.	..	..	..	1
Totals	12	14	9	12	15	11	6	7	5	7	11	16	125
Grand totals	339	378	415	394	399	441	367	343	308	382	321	563	4,650

MARRIAGES, JULY, 1919, TO JUNE, 1920 (INCLUSIVE).

BRIDEGROOM AND BRIDE BORN IN SAME COUNTRY.

Country.	Total.	Country.	Total.
Australia	3	*Brought forward*	1,320
Austria	5	Japan	13
Bohemia	1	Norway	10
Belgium	3	New Zealand	1
British Columbia	229	Not given	2
British West Indies	2	Mexico	1
Canada	391	Poland	5
China	18	Russia	13
England	587	Scotland	181
Finland	11	Spain	2
France	4	South Africa	1
Galicia	3	Sweden	29
Germany	4	Switzerland	1
Holland	1	Syria	4
Hungary	2	United States of America	391
Ireland	28	Wales	5
Italy	28		
Carried forward	1,320	Total	1,979

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES.

Place of Birth.		Total.	Place of Birth.		Total.
Bridegroom.	Bride.		Bridegroom.	Bride.	
At sea	England	1	British West Indies	Australia	1
			"	British Columbia	1
Australia	British Columbia	8	"	Canada	1
"	Canada	3	"	England	1
"	England	8	"	United States of America	2
"	India	1			6
"	Norway	1			
"	Scotland	3	Bulgaria	Canada	1
"	Sweden	1			
"	United States of America	3	Brazil	British West Indies	1
"	Wales	1			
		29	Canada	Australia	8
			"	Austria	1
Argentine	Canada	1	"	British Columbia	204
"	England	1	"	Belgium	2
"	United States of America	1	"	Ceylon	1
		3	"	England	180
			"	France	3
Austria	British Columbia	1	"	Finland	2
"	Canada	2	"	Galicia	1
"	England	2	"	Germany	1
"	Germany	1	"	Ireland	11
"	Russia	1	"	Italy	2
"	United States of America	3	"	India	1
		10	"	Iceland	2
			"	Malta	1
Belgium	Batavia	1	"	Norway	3
"	England	1	"	Newfoundland	2
"	Ireland	1	"	Not given	1
		3	"	New Zealand	1
			"	Russia	5
British Columbia	Australia	1	"	Scotland	71
"	Belgium	1	"	Sweden	1
"	Canada	114	"	United States of America	139
"	China	1	"	Wales	9
"	Ceylon	1			652
"	England	99			
"	France	1	Chili	England	1
"	Hungary	1			
"	Ireland	7	Ceylon	Wales	1
"	Nova Scotia	1			
"	Norway	2	China	British Columbia	6
"	Scotland	30	"	Canada	1
"	South Africa	1	"	England	1
"	Sweden	1			8
"	United States of America	48			
"	Wales	4	Channel Islands	England	2
			"	France	2
		313			4

MARRIAGES, JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE BORN IN DIFFERENT COUNTRIES—*Continued.*

PLACE OF BIRTH.		Total.
Bridegroom.	Bride.	
Denmark	British Columbia	2
"	Canada	2
"	England	2
"	United States of America	4
		10
England	Australia	7
"	British Columbia	130
"	Belgium	2
"	Ceylon	1
"	Channel Islands	1
"	Canada	170
"	France	4
"	Germany	1
"	India	6
"	Italy	1
"	Ireland	24
"	Malta	1
"	Newfoundland	2
"	New Zealand	3
"	Not given	2
"	Russia	1
"	Scotland	106
"	South America	1
"	Sweden	2
"	United States of America	74
"	Wales	12
		551
France	Canada	1
"	Chili	1
"	England	5
"	Ireland	1
"	Luxembourg	1
"	Scotland	2
		11
Finland	British Columbia	1
"	England	1
		2
Germany	Canada	1
"	England	3
"	Ireland	1
"	Norway	2
"	Poland	1
"	United States of America	5
		13
Greece	British Columbia	1
"	Canada	1
"	Scotland	3
"	United States of America	1
		6
Galicia	Canada	1
Holland	Canada	1
"	England	4
"	France	1
"	South Africa	1
"	United States of America	3
		10
Iceland	England	1
India	British Columbia	3
"	Canada	2
"	England	6
"	United States of America	2
		13

PLACE OF BIRTH.		Total.
Bridegroom.	Bride.	
Ireland	Australia	1
"	British Columbia	18
"	Canada	24
"	England	38
"	Finland	1
"	India	1
"	Not given	1
"	Scotland	9
"	United States of America	15
"	Wales	2
		110
Italy	British Columbia	8
"	Canada	2
"	England	4
"	Finland	1
"	Ireland	1
"	United States of America	3
		19
Isle of Man	Canada	1
Japan	Canada	1
"	United States of America	2
		3
Montenegro	Germany	1
"	United States of America	1
		2
Mauritius	England	1
Mexico	England	1
"	United States of America	1
		2
Norway	British Columbia	8
"	Canada	2
"	Denmark	1
"	England	11
"	France	1
"	Finland	1
"	Scotland	6
"	Sweden	1
"	United States of America	12
		43
Newfoundland	British Columbia	1
"	England	6
"	Scotland	1
"	Wales	1
		9
New Zealand	British Columbia	2
"	Canada	1
"	England	6
"	United States of America	2
		11
Not stated	British Columbia	1
Poland	British Columbia	1
"	Scotland	1
"	United States of America	1
		3
Palestine	United States of America	1

MARRIAGES, JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS—*Continued.*

PLACE OF BIRTH.		Total.
Bridegroom.	Bride.	
Russia	British Columbia	5
"	Canada	2
"	England	4
"	Hungary	1
"	Ireland	2
"	Scotland	1
"	United States of America	2
		17
Roumania	United States of America	2
Scotland	Australia	3
"	British Columbia	56
"	Belgium	1
"	Canada	71
"	England	104
"	France	1
"	Holland	1
"	Ireland	11
"	Sweden	1
"	Shetland Isles	1
"	South Africa	1
"	United States of America	27
"	Wales	2
		280
Switzerland	Canada	1
"	England	1
"	Italy	1
"	Ireland	1
"	Scotland	1
"	United States of America	3
		8
Sweden	Australia	1
"	British Columbia	7
"	Canada	8
"	Denmark	1
"	England	12
"	Finland	1
"	Norway	4
"	Scotland	2
"	United States of America	9
		45
South Africa	Canada	2
"	England	5
"	Scotland	1
"	United States of America	3
"	Wales	1
		12

PLACE OF BIRTH.		Total.
Bridegroom.	Bride.	
Spain	British Columbia	1
"	United States of America	1
		2
Serbia	England	1
"	United States of America	3
		4
United States of America	Australia	2
"	Austria	2
"	British Columbia	114
"	Belgium	2
"	Canada	132
"	Denmark	1
"	England	89
"	France	3
"	Finland	1
"	Germany	3
"	Honolulu	2
"	Ireland	7
"	Italy	1
"	Norway	4
"	Newfoundland	1
"	Russia	3
"	Scotland	32
"	Sweden	7
"	Switzerland	1
"	Wales	2
		409
Wales	British Columbia	5
"	Bohemia	1
"	Canada	10
"	England	13
"	Scotland	3
"	United States of America	3
		35
Total		2,671
Bridegroom and bride born in same country		1,979
Total marriages		4,650

BRIDEGROOM AND BRIDE OF SAME DENOMINATION.

Denomination.	Total.
Anglo-Catholic	5
Adventist	4
Baptist	73
Brethren	10
Buddhist	6
Bible Student	2
Christian	13
Christian Science	11
Christadelphian	4
Church of England	917
Church of God	1
Confucian	12
Congregational	9
Evangelical	1
Greek Catholic	6
Jewish	15
Carried forward	1,189

Denomination.	Total.
Brought forward	1,189
Lutheran	76
New Thought	1
None	13
Not given	26
Methodist	340
Presbyterian	737
Protestant	42
Reformed Episcopal	5
Roman Catholic	266
Reorganized Church of Latter Day Saints	1
Salvation Army	14
Shintoism	1
Unitarian	2
Total	2,613

MARRIAGES, JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS.

Bridegroom.	Bride.	Total.
Anglo-Catholic	Salvation Army	1
Adventist	Baptist	2
"	Methodist	1
		3
Baptist	Adventist	2
"	Congregational	1
"	Christian Science	4
"	Church of England	36
"	Christian	2
"	Lutheran	7
"	Latter Day Saints	1
"	Methodist	40
"	Mohammedan	1
"	Presbyterian	46
"	Roman Catholic	11
		151
Brethren	Church of England	1
"	Congregational	1
"	Protestant	1
"	Presbyterian	1
		4
Buddhist	Baptist	1
Bible Student	Church of England	1
Church of England	Baptist	61
"	Christian	5
"	Christian Science	5
"	Congregational	10
"	Lutheran	6
"	Methodist	19
"	Mennonite	1
"	Not given	5
"	Presbyterian	209
"	Protestant	2
"	Protestant Episcopal	1
"	Reformed Episcopal	3
"	Roman Catholic	74
"	Salvation Army	6
"	Unionist	1
"	Welsh Church	1
		409
Congregational	Baptist	2
"	Church of England	9
"	Methodist	12
"	Presbyterian	9
"	Unitarian	1
		33
Christian Science	Presbyterian	2
"	Methodist	6
"	Roman Catholic	2
		10
Christian	Baptist	1
"	Church of England	6
"	Christian Science	1
"	Congregational	1
"	Lutheran	1
"	Methodist	1
"	Presbyterian	4
"	Roman Catholic	6
		21
Cambellite	Congregational	1
Church of Ireland	Church of England	2
Dutch Reformed	Church of England	1
Greek Orthodox	Church of England	7
"	Greek Protestant	1
"	Lutheran	1
"	Methodist	2
"	Presbyterian	4
"	Roman Catholic	1
		16
Evangelical	Methodist	2
"	Roman Catholic	1
		3
Jewish	Church of England	3
"	Roman Catholic	2
"	Congregational	1
"	Methodist	2
		8
Lutheran	Adventist	1
"	Brethren	1
"	Baptist	9
"	Church of England	22
"	Christian	1
"	Christian Science	1
"	Congregational	2
"	Free Church of Scotland	1
"	Methodist	17
"	None	1
"	Presbyterian	20
"	Protestant	1
"	Roman Catholic	15
		92
Methodist	Baptist	35
"	Brethren	1
"	Christian	6
"	Christian Science	5
"	Congregational	4
"	Church of England	137
"	Confucian	1
"	Lutheran	10
"	Not given	2
"	None	1
"	Presbyterian	137
"	Protestant	4
"	Quaker	1
"	Reformed Episcopal	2
"	Roman Catholic	45
"	Salvation Army	4
"	Wesleyan	1
		396
Not given	Church of England	3
"	Methodist	1
"	Presbyterian	3
"	Roman Catholic	2
		9
None	Baptist	4
"	Church of England	10
"	Lutheran	3
"	Mormon	1
"	Methodist	6
"	Presbyterian	1
"	Roman Catholic	9
"	United Free Church	1
		35
New Thought	Church of England	1

MARRIAGES, JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

BRIDEGROOM AND BRIDE OF DIFFERENT DENOMINATIONS—*Continued.*

Bridegroom.	Bride.	Total.
Presbyterian	Adventist	1
"	Baptist	54
"	Christian	4
"	Christian Science	12
"	Church of England	282
"	Congregational	9
"	Free Church	1
"	Greek Church	1
"	Lutheran	11
"	Methodist	131
"	Mormon	1
"	None	5
"	Protestant	5
"	Reorganized Ch. of Christ	4
"	Roman Catholic	49
"	Reformed Episcopal	2
"	Salvation Army	3
"	Spiritualist	1
"	Theosophist	1
		577
Protestant	Baptist	4
"	Christian	2
"	Christian Science	2
"	Church of England	11
"	Lutheran	2
"	Methodist	8
"	Presbyterian	16
"	Roman Catholic	15
		60
Quaker	Baptist	1
"	Church of England	1
		2
Reorganized Ch. of Christ	Church of England	1
"	Baptist	1
"	Methodist	1
		3
Reformed Episcopal	Church of England	1
"	Lutheran	1
"	Methodist	1
		3
Russian Orthodox	Presbyterian	1
"	Protestant	1
		2
Roman Catholic	Baptist	10
"	Christian	5
"	Christian Science	2
"	Church of England	56
"	Congregational	1
"	Greek Orthodox	1
"	Lutheran	11
"	Methodist	30
"	None	4
"	Presbyterian	50
"	Protestant	6
"	Jewish	2
"	Quaker	1
		179
Spiritualist	Church of England	1
Salvation Army	Baptist	2
"	Church of England	2
"	Holiness Movement	1
		5
Swedenborgian	Church of England	1
Unitarian	Church of England	2
"	Jewish	1
"	Roman Catholic	1
		4
Universalist	Methodist	1
"	Penticostal	1
		2
Total		2,037
Bridegroom and bride of same denomination		2,613
Total marriages		4,650

INDIAN BIRTHS, JULY, 1919, TO JUNE, 1920.

TOTAL.		REGISTRATIONS (INCLUDING DELAYED REGISTRATIONS).			Agency.	BIRTHS FOR YEAR.			TOTAL.	
July 1918, to June, 1919	July, 1919, to June, 1920	Sex not given.	Female	Male.		Male.	Female.	Sex not given.	July, 1919, to June, 1920	July, 1918, to June, 1919
8	2	...	1	1	Babine	1	1	...	2	6
9	12	...	7	5	Bella Coola	4	5	...	9	1
46	14	...	8	6	Cowichan	5	6	...	11	13
85	10	...	3	7	Kamloops	5	2	...	7	20
14	22	...	11	11	Kootenay	11	10	...	21	10
...	2	...	2	...	Kwawkewlth	...	2	...	2	...
71	38	...	17	21	Lytton	20	16	...	36	63
...	...	...	...	...	Nass River*	...	...	...	...	...
...	11	...	4	7	New Westminster	7	4	...	11	...
26	19	...	13	6	Okanagan	5	13	...	18	5
22	27	...	13	14	Queen Charlotte	14	13	...	27	20
22	28	...	10	18	Skeena River	18	10	...	28	12
13	20	...	15	5	Stikine	2	10	...	12	11
31	29	...	14	15	Stuart Lake	14	13	...	27	17
19	22	...	16	6	West Coast	5	13	...	18	17
14	63	...	29	34	Williams Lake	32	27	...	59	14
380	319	...	163	156	Totals	143	145	...	288	209

* Former Nass Agency was split into Nass River and Skeena River; first report from Nass River was received for June, 1920.

PRELIMINARY TABLE SHOWING INDIAN BIRTHS FOR DIVISIONS BY MONTHS.

Agency.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Babine	..	.	..	..	1	..	..	1	..	...	..	..	2
Bella Coola	..	..	..	1	1	..	..	..	1	4	..	5	12
Cowichan	2	..	..	..	..	..	4	3	3	1	..	1	14
Kamloops	..	..	..	..	..	..	..	7	..	3	.	.	10
Kootenay	1	1	2	2	.	2	1	1	3	7	1	1	22
Kwawkewlth	..	..	..	..	..	..	..	.	..	..	..	2	2
Lytton	..	..	3	2	2	..	3	2	..	..	16	10	38
Nass River *	..	..	..	..	..	..	..	..	..	..	..	..	..
New Westminster	..	..	..	..	..	..	3	..	..	8	..	..	11
Okanagan	3	..	1	1	1	..	..	4	..	6	1	2	19
Queen Charlotte	1	3	1	1	3	5	..	6	3	1	3	..	27
Skeena River	..	.	..	..	.	10	6	1	1	5	1	4	28
Stikine	..	11	..	.	2	..	1	1	4	..	.	1	20
Stuart Lake	4	5	..	3	2	..	5	4	1	..	1	4	29
West Coast	1	..	2	..	7	34	2	3	1	4	6	3	63
Williams Lake	..	..	..	..	..	3	14	3	..	..	2	..	22
Totals	12	20	9	10	19	54	39	36	17	39	31	33	319

* Former Nass Agency was split into Nass River and Skeena River; first report from Nass River was received for June, 1920.

INDIAN DEATHS, JULY, 1919, TO JUNE, 1920, IN AGENCIES.

Agency.	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 and upwards.	Age not given.	Male.	Female.	Total for year.	Total for July, 1918, to June, 1919.
Babine	..	..	1	1	..	1	.	.	1	1	.	..	..	1	3	3	6	61
Bella Coola	2	..	3	2	7	1	2	1	1	1	2	..	..	3	15	10	25	71
Cowichan	5	2	6	2	4	4	4	..	..	..	3	5	2	2	19	20	39	82
Kamloops	..	..	2	..	1	2	.	2	..	2	3	5	1	..	9	9	18	227
Kootenay	2	1	..	2	4	3	1	2	4	1	1	2	1	..	17	7	24	43
Kwawkewlth	..	1	1	3	.	1	2	1	1	..	1	1	..	.	6	6	12	23
Lytton	4	2	1	..	4	7	5	3	1	1	5	6	2	..	25	14	41	165
Nass River †	..	.	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	.
New Westminster	6	1	1	1	4	2	1	..	.	1	1	..	..	..	9	9	18	17
Okanagan	..	1	1	..	1	..	..	1	1	1	2	1	2	.	8	3	11	61
Queen Charlotte	2	1	..	..	1	.	.	1	1	4	.	.	..	..	8	2	10	31
Skeena River	2	1	..	..	.	1	2	3	1	.	3	2	..	..	7	8	15	59
Stikine	2	2	..	3	5	9	3	3	2	2	2	1	..	.	16	18	34	11
Stuart Lake	3	3	1	3	5	4	4	3	3	3	1	1	.	..	16	18	34	123
West Coast	5	1	1	2	5	5	1	3	2	5	1	4	..	2	23	14	37	71
Williams Lake	5	2	.	1	..	.	.	.	.	1	1	..	..	1	5	6	11	1
Totals	38	18	18	20	42	40	25	23	18	23	26	28	8	9	187	147	336	1,046

* Sex not given, 2.
† Former Nass Agency was split into Nass River and Skeena River; first report from Nass River was received for June, 1920.

PRELIMINARY TABLE SHOWING INDIAN DEATHS FOR DIVISIONS BY MONTHS.

Agency.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	ne.	Total.
Babine	..	..	..	1	1	..	..	2	..	1	.	1	6
Bella Coola	..	3	..	3	1	..	..	..	4	1	13	.	25
Cowichan	1	..	3	1	..	1	3	6	13	6	2	3	39
Kamloops	..	..	..	3	..	.	.	2		8	.	5	18
Kootenay	1	2	1	4	..	2	1	2	3	5	2	1	24
Kwawkewlth	..	..	1	..	3	.	..	..	..	..		8	12
Lytton	2	..	5	1	3	4	.	2	3	10	8	3	41
Nass River *	..	..	..	..	..	..	..	..	..	..	..	1	1
New Westminster	..	..	1	2	..	1	.	..	1	13	..	..	10
Okanagan	..	1	1	1	..	1	2	1	..	2	2	..	11
Queen Charlotte	..	1	..	3	1	.	.	2	1	1	1	..	18
Skeena River	..	..	.	..	.	2	3	4	1	3	..	2	15
Stikine	..	14	2	..	1	..	1	5	9	..	.	2	34
Stuart Lake	9	2	1	4	4	..	..	8	1	..	1	4	34
West Coast	2	2	6	2	3	1	5	..	.	9	3	4	37
Williams Lake	..	..	..	.	..	..	6	1	.	..	2	2	11
Totals	15	25	21	25	17	12	21	35	36	59	34	36	336

*Former Nass Agency was split into Nass River and Skeena River; first report from Nass River was received for June, 1920.

PRELIMINARY TABLE SHOWING TOTAL INDIAN DEATHS.

Agency.	1 General Diseases.	2 Nervous System.	3 Circulatory System.	4 Respiratory System.	5 Digestive System.	6 Non-venereal, Genito-urinary System.	7 Puerperal System.	8 Skin and Cellular Tissue.	9 Bone and Organs of Locomotion.	10 Malformations.	11 Early Infancy.	12 Still-born.	13 Old Age.	14 External Causes.	15 Ill-defined.	Total.
Babine	1	1	..	1	..	..	..	..	..	..	..	..	..	2	1	6
Bella Coola	11	3	.	1	..	..	..	..	..	..	..	..	..	6	4	25
Cowichan	15	1	..	8	..	..	..	..	..	..	1	..	10	..	4	39
Kamloops	3	..	1	..	..	..	..	..	..	..	..	..	2	1	11	18
Kootenay	11	..	..	8	..	..	..	..	..	..	..	..	3	1	1	24
Kwawkewlth	5	2	1	1	..	..	..	..	..	..	..	..	2	1	..	12
Lytton	16	2	..	2	..	..	..	..	..	..	..	2	8	6	5	41
Nass River	..	..	..	1	..	..	..	..	..	..	..	..	.	..	..	1
New Westminster	5	1	1	2	6	..	..	..	..	..	.	..	..	1	2	18
Okanagan	4	..	1	1	..	..	..	..	..	..	..	..	3	1	1	11
Queen Charlotte	2	2	2	1	..	..	..	..	..	..	..	..	..	..	3	10
Skeena River	7	2	1	3	..	..	..	..	..	..	1	..	.	1	..	15
Stikine	10	1	1	10	4	..	..	..	..	..	1	..	2	1	4	34
Stuart Lake	17	1	..	..	..	..	..	..	..	..	3	..	1	2	10	34
West Coast	13	1	1	3	1	..	..	..	..	..	2	..	5	2	9	37
Williams Lake	1	..	..	..	..	..	..	..	..	..	..	..	1	..	9	11
Totals	121	17	9	42	11	..	..	..	..	..	8	2	37	25	64	336

PRELIMINARY TABLE SHOWING DEATHS FROM SPECIFIED DISEASES.

Agency.	Typhoid Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Influenza.	Tuberculosis (all forms).	Cancer (all forms).	Bronchitis.	Broncho-pneumonia.	Pneumonia.	Pneumonia following Influenza.	Diarrhœa and Enteritis.	Total.
Babine	....	....	....	....	....	..	....	1	....	....	....	1	.....	....	2
Bella Coola	....	....	....	....	....	....	....	10	....	....	....	1	.....	....	11
Cowichan	....	....	....	....	1	....	4	10	....	....	1	5	1	...	22
Kamloops	....	....	....	....	....	....	....	3	....	....	....	....	.....	....	3
Kootenay	....	....	....	....	....	....	2	9	....	....	1	7	.....	....	19
Kwawkewlth	....	....	....	....	....	....	....	5	....	....	....	1	.....	....	6
Lytton	....	....	....	....	....	....	2	13	....	1	....	1	.....	....	17
Nass River	....	....	....	....	....	....	....	....	....	....	....	1	.....	....	1
New Westminster	....	....	....	....	....	....	1	4	....	....	....	2	.....	....	7
Okanagan	....	1	....	....	....	....	....	3	....	....	....	1	.....	...	5
Queen Charlotte	....	....	....	....	....	....	....	2	....	1	....	....	.....	....	3
Skeena River	....	....	....	....	....	....	1	5	....	....	....	3	.....	...	9
Stikine	....	....	....	....	....	....	5	5	....	..	1	9	.....	....	20
Stuart Lake	....	....	..	....	....	....	10	7	...	....	....	....	.....	....	17
West Coast	....	....	....	..	....	....	....	12	...	....	....	3	.....	....	15
Williams Lake	....	....	....	..	....	....	....	1	....	....	....	....	.....	....	1
Totals	....	1	....	....	1	..	25	90	..	2	3	35	1	....	158

INDIAN MARRIAGES, JULY, 1919, TO JUNE, 1920.

Denomination.	Number of Marriages.	Denomination.	Number of Marriages.
Roman Catholic	70	Methodist-Episcopalian	1
Methodist	24	Episcopalian-Roman Catholic	1
Episcopalian	30	Methodist-Roman Catholic	1
Salvationist	1	Episcopalian-Methodist	1
		Not given-Roman Catholic	1
		Episcopalian-Salvationist	1
		Salvationist-Methodist	2
		Methodist-Salvationist	2
Total	125	Total	10

Total marriages, 135.

PRELIMINARY TABLE SHOWING INDIAN MARRIAGES BY DIVISIONS.

Agency.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April.	May.	June.	Total.
Babine	5	..	2	..	1	..	..	3	..	..	..	1	12
Bella Coola	..	1	..	4	1	..	..	1	..	..	..	..	7
Cowichan	..	..	..	..	..	..	..	1	1	..	2	1	5
Kamloops	..	..	..	4	..	..	..	8	..	2	..	..	14
Kootenay	..	..		..	1	1	..	1	..	..	..	..	3
Kwawkewlth	..	.	1	..	..	4	..	5	..	..	..	3	13
Lytton	..	1	4	..	1	2	7	..	2	1	..	..	18
*Nass River	..	..	..	..	..	..	..	..	..	..	..	..	..
New Westminster	3	..	..	1	1	1	2	..	..	2	1	..	11
Okanagan	..	..	1	1	2	..	1	1	..	1	..	..	7
Queen Charlotte	..	..	1	..	..	..	..	2	1	..	..	1	5
Skeena River	..	..	..	6	..	5	3	1	1	..	..	1	17
Stikine	..	..	..	..	..	..	..	..	..	..	..	..	..
Stuart Lake	..	2	..	2	2	..	5	2	..	2	..	..	15
West Coast	..	..	..	..	..	..	..	..	..	1	..	..	1
Williams Lake	..	..	..	..	..	..	..	7	..	..	..	..	7
Totals	8	4	9	18	9	13	18	32	5	9	3	7	135

*Former Nass Agency was split into Nass River and Skeena River; first report from Nass River was received for June, 1920.

CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—VICTORIA CITY.	M.	F.	M.	F.	M.	F.
	1.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
8	Whooping-cough	...	1	....	1	...	1
9	Diphtheria	....	....	....	....	....	1
10	Influenza	1	....	....	....	....	....
14	Dysentery	1	....	....	....	....	....
20	Purulent infection and septicæmia	....	1	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	1
31	Abdominal tuberculosis	....	....	....	....	....	....
34B	Tuberculosis of bowels	....	....	....	....	....	....
34C	Tuberculosis of intestines	....	....	....	....	....	....
34D	Tubercular glands, neck, shock following operation	....	....	....	..	....	1
37	Syphilis	....	....	....	....	....	....
37A	Gumma of brain	....	....	....	....	....	....
39B	Cancer of jaw	....	....	....	....	....	....
39C	Cancer of œsophagus	....	....	....	....	....	....
39D	Cancer of larynx	....	....	....	....	....	....
39E	Cancer of pancreas	....	....	....	....	....	....
39F	Cancer of throat	....	....	....	....	....	....
39G	Cancer of glands of neck	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	...	...	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
43A	Cancer of breast, spine, and liver	....	....	....	....	....	....
44A	Cancer of lung	....	....	....	....	....	....
45	Cancer and other malignant tumours of organs not specified	....	....	....	....	....	....
45A	Cancer of bladder	....	....	....	....	....	....
45C	Cancer of tongue	....	....	....	....	....	....
45D	Cancer of kidney	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
48	Chronic rheumatism	...	...	....	....	....	....
50	Diabetes	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....
52	Addison's disease	1	....	....	....	....	....
53	Leuchæmia	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60A	Encephalitis lethargica	....	....	....	....	....	....
61	Meningitis	....	1	....	....	1	....
61B	Cerebrospinal meningitis	....	....	....	....	....	....
63	Other diseases of the spiual cord	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
65	Softening of the brain	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
70	Convulsions (non-puerperal)	....	....	....	....	....	....
71	Convulsions of infants	4	2	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	1	....
78B	Cardiac dropsy	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79A	Cardiac paralysis	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
79C	Aortic insufficiency	....	....	....	....	....	....
79D	Fatty degeneration of heart	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
79G	Mitral stenosis	....	....	....	....	....	....
79H	Congenital heart-disease	....	....	....	....	....	....
79I	Cardiac paralysis following operation	...	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	..	....	....	...
84	Diseases of the lymphatic system	....	....	....	....	....	....
85	Hæmorrhage	1	....	....	....	....	....

JUNE (INCLUSIVE), 1920.

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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....	....	....	....	....	....	1	2	....	....	....	2	2	....	....	3	....	....	....	....	....	....	3	7	10
....	....	....	1	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	2	1	3
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....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	1	1
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—VICTORIA CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
88	Diseases of the thyroid body	....	....	....	....	....	....
89	Acute bronchitis	....	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	2	1	1	....	....	....
92	Pneumonia	4	1	1	...	2	2
92D	Pneumonia following influenza	....	...	1	1	2	....
93	Pleurisy	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
95	Gangrene of the lung	....	....	....	....	....	....
96	Asthma	....	..	....	....	..	....
98	Other diseases of the respiratory system (tuberculosis excepted)	...	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	...
98B	Pulmonary hæmorrhage	....	....	....	....	....	....
98C	Abscess of lung	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
100	Diseases of the pharynx	....	....	....	....	....	....
102	Ulcer of the stomach	....	....	....	....	....	....
103A	Gastritis	....	....	....	....	....	....
103B	Ileocolitis	....	....	....	....	....	1
104	Diarrhœa and enteritis (under 2 years)	....	2	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
112	Hydatid tumour of the liver	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
115	Other diseases of the liver	....	1	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
118	Other diseases of digestive system (cancer and tuberculosis excepted)	....	....	1	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120	Bright's disease	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....
125	Other diseases of the urethra, urinary abscess, etc.	....	....	....	....	....	....
129	Uterine tumour (non-cancerous)	....	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....
133	Non-puerperal diseases of the breast (cancer excepted)	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	..	..
137D	Eclampsia	....	....	....	....	....	....
139	Puerperal phlegmasia alba dolens, embolus, sudden death	....	....	....	....	....	....
140	Following childbirth (not otherwise defined)	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
142A	Senile gangrene	....	....	....	....	....	....
145A	Pemphigus	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
147	Diseases of the joints (tuberculosis and rheumatism excepted)	....	....	....	....	....	....
149A	Progressive muscular atrophy	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	3	2	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	2	3	....	....	....	....
151A	Accident of labour	1	1	....	....	....	....
151B	Non-assimilation of food	....	3	....	....	....	....
151C	Hydrocephalus	....	1	....	....	....	....
152	Other diseases peculiar to early infancy	2	....	....	....	....	....
152A	Atelectasis	1	....	....	....	....	....
152B	Asphyxia, caused by milk in trachea	1	....	....	....	....	....
153A	Still-born	20	18	....	....	....	....
153B	Premature	13	7	....	....	....	....
153E	Hæmorrhagica neonatorum	....	1	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	XII.—OLD AGE.	M.	F.	M.	F.	M.	F.
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
166	Suicide by poison	....	....	....	....	....	....
167	Suicide by hanging or strangulation	....	....	....	....	....	....
168	Suicide by drowning	....	....	....	....	....	....
169	Suicide by firearms	....	....	....	....	....	....
170	Suicide by cutting or piercing instruments	....	....	....	....	....	....
168	Other suicides	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	....
168	Asphyxia by deleterious gases (conflagration excepted)	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
172	Traumatism by falls	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
177A	Traumatism not specified	....	....	....	....	....	....
182	Homicide by firearms	....	....	....	....	....	....
186A	Traumatic gangrene	....	....	....	....	....	....
186C	Powder explosion	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	1	....	....	....	....	....
		58	46	4	2	6	7
	VICTORIA DIVISION—COWICHAN.						
	I.—GENERAL DISEASES.						
10	Influenza	....	1	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
39E	Cancer of pancreas	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
62	Loco-motor ataxia	....	....	....	....	....	....
64	Cerebral hemorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	2	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92A	Lobar	....	....	....	....	....	....
92B	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....
110	Other diseases of the intestines	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	2	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
152A	Atelectasis	1	1	....	....	....	....
153B	Premature	4	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.	M.	F.	M.	F.	M.	F.
168	Absorption of deleterious gases (conflagration excepted)	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
		10	3	....	....	....	....
	VICTORIA DIVISION—ESQUIMALT.						
	I.—GENERAL DISEASES.						
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	..	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	..	....	....
		...	1	...	....	....	....
	VICTORIA DIVISION—GANGES.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	....	1	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
		....	1	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—OAK BAY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
8	Whooping-cough	....	....	1	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants	....	1	....	..	....	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
155A	Premature	1	....	....	....	....	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
167	Burns (conflagration excepted)	....	....	....	....	1	....
		1	1	1	....	1	....
	VICTORIA DIVISION—SAANICH.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
44	Cancer and other malignant tumours of the skin	....	....	....	....	....	....
45B	Intercranial abscess	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	1	....	....	....	....
64	Cerebral haemorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	....	....	....	....	1	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
79F	Mitral regurgitation complicated by nephritis	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	....	....	....	....	....
92	Pneumonia	2	....	....	....	....	1
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	1	....	....	....	....	....
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....

JUNE (INCLUSIVE), 1929—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VICTORIA DIVISION—SAANICH—*Continued.*	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	2	...	...	...	...	...
153A	Still-born	2	2	...	...	...	...
	XII.—OLD AGE						
154	Senility	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	...	...	...	...
172	Traumatism by fall	...	...	...	...	...	...
186A	Powder-explosion	...	...	...	...	...	...
		8	3	....	....	1	1
	VICTORIA DIVISION—UNORGANIZED.						
	I.—GENERAL DISEASES.						
10	Influenza	1	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
39B	Cancer of jaw	...	...	...	...	...	...
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	...	...	...	...	...	...
80	Angina pectoris	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92D	Pneumonia following influenza	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103B	Ileocolitis	...	...	...	...	...	...
109	Hernia, intestinal obstruction	...	...	...	...	...	...
115	Other diseases of the liver	...	...	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
133B	Septic nephritis following gonorrhœa	...	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	...	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	...	...	...	...
174	Traumatism by machines	...	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.						
189B	Male skeleton	...	...	...	...	...	...
		2	...	...	...	...	...
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	...	...	...	...	...	1
9	Diphtheria	...	...	...	...	1	...
18	Erysipelas	...	...	...	...	...	...
20	Purulent infection and septicæmia	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES—*Continued.*						
30	Tubercular meningitis						
30A	Tubercular peritonitis						
33A	Tuberculosis of joint						
37	Syphilis						
39A	Cancer of face						
40	Cancer and other malignant tumours of the stomach, liver						
41	Cancer and other malignant tumours of peritoneum, intestines, rectum						
42	Cancer and other malignant tumours of the female genital organs						
43	Cancer and other malignant tumours of the breast						
44A	Cancer of lung						
46	Other tumours (tumours of the female genital organs excepted)					1	
50A	Diabetes mellitus						
51	Exophthalmic goitre						
51A	Goitre not specified						
54A	Anæmia, pernicious						
55A	Purpura hæmorrhagica		1				
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60	Encephalitis						
61	Meningitis						
61B	Cerebrospinal meningitis						
64	Cerebral hæmorrhage, apoplexy	1	1				
65	Softening of the brain						
67	General paralysis of the insane						
68	Other forms of mental alienation						
68A	Maniacal exhaustion						
68B	Senile dementia						
69	Epilepsy						
71	Convulsions of infants	1	1				
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis						
77A	Myocarditis						
79	Organic diseases of the heart						
79B	Valvular disease						
80	Angina pectoris						
81B	Aneurism						
81C	Arteriosclerosis						
82	Embolism and thrombosis	1					
85	Hæmorrhage						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis						
91	Bronchopneumonia						
92	Pneumonia						
92A	Lobar					1	
92B	Following operation						
92D	Pneumonia following influenza	1	1				
92E	Hypostatic pneumonia						
95	Gangrene of the lung						
96	Asthma						
98A	Œdema of lungs						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
101	Diseases of the œsophagus						
103	Other diseases of the stomach (cancer excepted)						
104	Diarrhœa and enteritis (under 2 years)		1				
105	Diarrhœa and enteritis (2 years and over)						
110A	Enterocolitis				1		
117	Simple peritonitis (non-puerperal)						
117A	Peritonitis-appendicitis						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis						
120	Bright's disease						
120A	Uræmia						
122	Other diseases of the kidneys and annexa						
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)		2				

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—NEW WESTMINSTER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.						
152	Other diseases peculiar to early infancy	...	1	...	...	...	...
152A	Atelectasis	1	...	...	...	...	...
153A	Still-born	7	2	...	...	...	...
153B	Premature	6	4	...	...	...	...
153C	Umbilical hæmorrhage	1	1	...	...	...	...
153E	Hæmorrhagica neonatorum	1	1	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	...	...	...	...	...	...
157	Suicide by hanging or strangulation	...	...	...	...	...	...
163	Other suicides	...	...	...	...	...	...
167	Burns (conflagration excepted)	...	...	1	...	...	...
169A	Traumatism in logging camp and sawmill	...	...	...	...	...	...
171A	Traumatism by falling tree	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...
175A	Traumatism not specified	...	...	...	...	...	...
178A	Exposure	...	...	...	...	...	...
185	Fractures (causes not specified)	...	...	...	...	...	...
186	Other external violence	...	...	...	...	...	...
		20	16	1	1	3	1
	NEW WESTMINSTER DIVISION—BURNABY.						
	I.—GENERAL DISEASES.						
10	Influenza	1	...	...	...	...	1
18	Erysipelas	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
30	Tubercular meningitis	...	1	...	...	...	...
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...
43	Cancer and other malignant tumours of the breast	...	...	...	...	...	...
45	Cancer and other malignant tumours of organs not specified	...	...	...	...	...	...
50	Diabetes	...	...	...	...	...	...
54A	Anæmia, pernicious	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
62	Locomotor ataxia	...	...	...	...	...	...
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...
65	Softening of the brain	...	...	...	...	...	...
71	Convulsions of infants	...	1	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	...	...	...	...	...
78	Acute endocarditis	...	...	...	...	...	...
79	Organic diseases of the heart	...	...	...	...	...	...
82	Embolism and thrombosis	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
90	Chronic bronchitis	...	...	...	...	...	...
91	Bronchopneumonia	...	1	...	...	...	...
92	Pneumonia	...	...	...	...	...	...
92A	Lobar	...	...	...	...	...	...
92D	Pneumonia following influenza	...	...	...	...	...	...
94	Pulmonary congestion, pulmonary apoplexy	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103A	Gastritis	...	...	...	...	...	...
113	Cirrhosis of the liver	...	...	...	...	...	...
118A	Chronic gastric catarrh	...	...	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	...	...	...	...	...	...
120A	Uræmia	...	...	...	...	...	...

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—BURNABY—*Continued.*	M.	F.	M.	F.	M.	F.
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
146	Diseases of the bones (tuberculosis excepted)	...	...	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	...	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	...	....	....	....	....
153A	Still-born	....	2	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
186	Other external violence	...	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189A	Executions	....	....	...	....	....	....
		3	5	....	....	....	1
	NEW WESTMINSTER DIVISION—CHILLIWACK.						
	I.—GENERAL DISEASES.						
14	Dysentery	1	....	....	....	....	....
28	Tuberculosis of the lungs	...	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
47	Acute articular rheumatism and gout	....	....	....	....	....	....
51A	Goitre not specified	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61C	Lethargica encephalitis	...	..	....	....	....	....
64	Cerebral haemorrhage, apoplexy	....	....	....	....	....	....
76	Diseases of the ears	....	1	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	....	....	....	..	....
92	Pneumonia	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120	Bright's disease	....	....	....	....	....	....
120A	Uraemia	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	..	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....
132	Salpingitis and other diseases of the female genital organs	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	1	....	....	....	....
151B	Non-assimilation of food	2	....	....	....	....	....
152B	Asphyxia	....	1	....	....	....	....
153A	Still-born	3	....	....	....	....	....
153E	Haemorrhagica neonatorum	1	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—CHILLIWACK—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		9	3	....	....	....	....
	NEW WESTMINSTER DIVISION—OUTSIDE.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
6	Measles	....	....	....	....	....	....
8	Whooping-cough	....	..	....	2	....	....
10	Influenza	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
37	Syphilis	....	1	....	....	....	....
39A	Cancer of face	....	..	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
45	Cancer and other malignant tumours of organs not specified	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....
55	Other general diseases	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	1	....	....	....	1	....
63A	Acute anterior poliomyelitis	....	....	....	....	....	1
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
67	General paralysis of the insane	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....
69	Epilepsy	....	....	....	....	....	....
71	Convulsions of infants	1	1	....	..	....	....
76	Diseases of the ears	....	....	....	....	..	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	1	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	..	..	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
84B	Hodgkin's disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	1	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	....	....	....	1	....	....
92	Pneumonia	....	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	1	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	1	1	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
103B	Ileocolitis	1	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	2	1	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER DIVISION—OUTSIDE—*Continued.*	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM—*Continued.*						
109	Hernia, intestinal obstruction	..	..	....	....	....	....
110	Other diseases of the intestines	....	....	....	....	....	....
110A	Enterocolitis	....	....	....	....	....	....
115	Other diseases of the liver	1	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120	Bright's disease	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
135	Puerperal hæmorrhage	....	....	....	....	....	....
138	Puerperal albuminuria and convulsions	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	2	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
151B	Non-assimilation of food	1	....	....	....	....	....
152A	Atelectasis	....	1	....	....	....	....
153	Lack of care	....	1	....	....	....	....
153A	Still-born	4	3	....	....	....	....
153B	Premature	3	2	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
166	Conflagration	....	1	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	1
169	Accidental drowning	....	....	1	....	....	1
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....
172	Traumatism by fall	....	....	1	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
175A	Traumatism not specified	....	....	1	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	1	....	....	....	....
		18	16	4	1	3	3
	NANAIMO DIVISION—NANAIMO CITY.						
	I.—GENERAL DISEASES.						
6	Measles	....	1	....	....	....	....
9	Diphtheria	....	....	....	....	1	1
9A	Croup	....	....	....	....	....	....
20	Purulent infection and septicæmia	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	1
39A	Cancer of face	....	....	....	....	....	....
39C	Cancer of orbit	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of peritoneum, intestines, rectum	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—NANAIMO CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	1	....	....	....	....
61B	Cerebrospinal meningitis	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78	Acute endocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	3	....	....	....	....	....
91	Bronchopneumonia	4	1	....	....	....	1
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
98	Other diseases of the respiratory system (tuberculosis excepted)	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
98B	Pulmonary hæmorrhage	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103A	Gastritis	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	1	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
118A	Tonsilitis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	1
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137D	Eclampsia	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	2	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....
151A	Accident of labour	....	1	....	....	....	....
152A	Atelectasis	1	....	....	....	....	....
153B	Premature	1	4	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	1	....
		13	11	....	....	2	4

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—ALERT BAY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
56	Alcoholism, acute	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
133A	Still-born	....	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
		....	1	....	....	....	....
	NANAIMO DIVISION—COMOX.						
	I.—GENERAL DISEASES.						
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
39B	Cancer of jaw	....	....	....	....	....	....
39F	Cancer of throat	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	2	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	....	1	....	1	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
81c	Arteriosclerosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
90	Chronic bronchitis	....	....	....	....	....	....
92	Pneumonia	1	2	....	....	....	....
92b	Pneumonia following influenza	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120	Bright's disease	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
133	Non-puerperal diseases of the breast (cancer excepted)	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
137A	Puerperal infection following miscarriage	....	....	....	....	....	....
141b	Tribal pregnancy	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—COMOX—*Continued.*	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	3	...	1	....	....
151B	Non-assimilation of food	....	2	...	...	....	....
153A	Still-born	1	1	....	....	....	....
153C	Umbilical haemorrhage	....	1	....	....	....	....
153E	Haemorrhagica neonatorum	3	....	...	...	....	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	....	...	...	....	....	....
158	Suicide by drowning	....	....	....	....	....	....
160	Suicide by cutting or piercing instruments	...	..	....	....	....	....
167	Burns (conflagration excepted)	....	...	....	....	...	1
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	...	..	....	....	..	....
170	Traumatism by firearms	....	....	....	....	....	....
171A	Traumatism by falling tree	..	....	....	....	....	...
172	Traumatism by fall	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	..	...	....	....	....	...
175A	Traumatism not specified	....	....	....	....	....	....
182B	Alcohol poisoning	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	...	..	....	....	....	....
	XIV. ILL-DEFINED DISEASES.						
187	Ill-defined organic disease	....	....	....	....	....	1
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		6	12	....	2	...	2
	NANAIMO DIVISION—LADYSMITH.						
	I.—GENERAL DISEASES.						
27	Beriberi	....	..	....	....	....	....
30A	Tubercular peritonitis	..	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
45	Cancer and other malignant tumours of organs not specified	....	....	....	....	....	....
51A	Goitre not specified	....	....	....	....	....	...
56A	Alcoholism, chronic	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	...	1	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	..	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	....	1	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis		...	....	....	...	....
120A	Uraemia	....	....	....	....	...	....
	VII.—THE PUERPERAL STATE.						
137D	Eclampsia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	2	2	....	....	....	....
153B	Premature	1	....	....	..	...	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NANAIMO DIVISION—LADYSMITH—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	1
		3	3	1	....	....	1
	NANAIMO DIVISION—POWELL RIVER.						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61B	Cerebrospinal meningitis	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
		1	....	....	....	....	....
	BEATON DIVISION—CRANBROOK.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	2	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	....	....	1	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	....	....	....	....	....	....
92	Pneumonia	....	....	1	1	....	....
92D	Pneumonia following influenza	1	1	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	2	1	1	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	1	1
108	Appendicitis and typhlitis	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION—CRANBROOK—*Continued.*	M.	F.	M.	F.	M.	F.
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
126	Calculi of the urinary passages	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
147	Diseases of the joints (tuberculosis and rheumatism excepted)	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	2	....	....	....	....
153B	Premature	....	4	....	....	....	....
153E	Hæmorrhagica neonatorum	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
178A	Exposure	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
		3	6	3	1	1	1
	BEATON DIVISION—FERNIE.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	1
7	Scarlet fever	....	....	....	....	....	....
10	Influenza	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	1
37	Syphilis	....	....	....	....	....	....
45A	Cancer of bladder	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
72	Chorea	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
85	Hæmorrhage	....	....	....	....	....	1
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	1	....	....
92	Pneumonia	....	1	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
98	Other diseases of the respiratory system (tuberculosis excepted)	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION—FERNIE—*Continued.*	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	3	1	....	1	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
110A	Enterocolitis	1	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
132	Salpingitis and other diseases of the female genital organs	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
135A	Puerperal peritonitis	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
152A	Atelectasis	1	....	....	....	....	....
153A	Still-born	3	2	....	....	....	....
153B	Premature	1	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
158	Suicide by drowning	....	....	....	....	....	....
160	Suicide by cutting or piercing instruments	....	....	....	....	....	....
162	Suicide by crushing	....	....	....	....	....	....
166	Conflagration	....	....	....	....	....	1
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		11	5	....	2	....	1
	BEATON DIVISION—GOLDEN.						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78A	Endocarditis following rheumatism	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	1	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103A	Gastritis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153B	Premature	1	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION—GOLDEN—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165	Other acute poisonings	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
		1	1	....	....	1	....
	BEATON DIVISION—KASLO.						
	I.—GENERAL DISEASES.						
10	Influenza	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	..	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	1	....	....	....
92b	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
113	Cirrhosis of the liver	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease	....	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	1
170	Traumatism by firearms	....	....	....	....	....	....
		1	....	1	....	....	1
	BEATON DIVISION—NAKUSP.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60	Encephalitis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
164	Poisoning by food	....	....	....	....	....	....
		....	....	....	....	....	....
	BEATON DIVISION—NELSON.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	1	....	....	....
24	Tetanus, superinduced by compound fracture of leg	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION—NELSON—*Continued.*	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES—*Continued.*						
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
50	Diabetes	..	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	...
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60	Encephalitis	1	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	1	....	..	....	....	...
79E	Mitral regurgitation	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	1	....	....	....
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	1
96	Asthma	....	....	....	....	..	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
103A	Gastritis	1	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	...
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
151B	Non-assimilation of food	....	1	....	....	....	....
153A	Still-born	....	1	....	....	....	....
153B	Premature	4	4	....	....	....	....
	XII.—OLD AGE						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
167	Burns (conflagration excepted)	..	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		9	7	2	....	1	1
	BEATON DIVISION—NEW DENVER.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION NEW DENVER—*Continued.*	M.	F.	M.	F.	M.	F.
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153B	Premature	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
		2	....	....	....	....	....
	BEATON DIVISION—REVELSTOKE.						
	I.—GENERAL DISEASES.						
6	Measles	....	....	....	....	....	....
10	Influenza	....	....	....	....	....	....
20	Purulent infection and septicæmia	1	1	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of peritoneum, intestines, rectum	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	1
50	Diabetes	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
84	Diseases of the lymphatic system	....	....	....	....	....	....
85	Hæmorrhage	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	1	....	....	1	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
104	Diarrhœa and enteritis (under 2 years)	....	1	....	....	....	....
115	Other diseases of the liver	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	1
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
139	Puerperal phlegmasia alba dolens, embolus, sudden death	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION—REVELSTOKE—*Continued.*	M.	F.	M.	F.	M.	F.
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	2	...	...	...	...	...
153B	Premature	2	1	...	...	...	...
	XII.—OLD AGE.						
154	Senility	...	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
167	Burns (conflagration excepted)	...	...	...	...	1	...
170	Traumatism by firearms	...	...	...	...	...	...
173	Traumatism in mines and quarries	...	...	...	...	...	...
175A	Traumatism not specified	...	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	...	1	...	...	...	...
		5	5	...	...	2	2
	BEATON DIVISION—ROSSLAND.						
	I.—GENERAL DISEASES.						
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...
42	Cancer and other malignant tumours of the female genital organs	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	...	...	...	...	...
80	Angina pectoris	...	...	...	...	...	...
81B	Aneurism	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	...	...	...	...	...	...
91	Bronchopneumonia	...	1	...	...	...	...
92	Pneumonia	...	...	...	...	...	...
92D	Pneumonia following influenza	...	...	...	...	...	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
131	Cysts and other tumours of the ovary	...	...	...	...	...	...
		...	1	...	...	...	...
	BEATON DIVISION—SLOCAN CITY.						
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	...	...	...	...	...	...
		...	...	...	...	...	...
	BEATON DIVISION—TRAIL.						
	I.—GENERAL DISEASES.						
10	Influenza	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
40	Cancer and other malignant tumours of the stomach, liver	...	...	...	...	...	...
51A	Goitre not specified	1	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants	...	...	...	...	...	1
76A	Otitis media	...	...	...	...	...	...

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BEATON DIVISION—TRAIL—*Continued.*	M.	F.	M.	F.	M.	F.
	III—DISEASES OF THE CIRCULATORY SYSTEM.						
78	Acute endocarditis	....	....	....	....	....	....
85	Haemorrhage	2	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	1	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103A	Gastritis	....	....	....	....	...	1
105	Diarrhœa and enteritis (2 years and over)	....	....	....	...	....	1
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	...	....	....	....	....	....
124	Diseases of the bladder	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food	...	....	1	....	...	....
153A	Still-born	5	...	....	....	....	....
153B	Premature	4	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	...	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165	Other acute poisonings	...	....	....	....	....	1
169	Accidental drowning	....	...	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
186	Other external violence	...	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187	Ill-defined organic disease	....	1	....	....	....	....
		13	3	1	...	....	4
	BEATON DIVISION—TROUT LAKE.						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
171A	Traumatism by falling tree	....	....	....	....	....	....
		....	....	....	....	....	....
	BEATON DIVISION—WILMER.						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	...	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
		....	....	....	....	....	....
	ALBERNI DIVISION—ALBERNI.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	1

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI DIVISION—ALBERNI—*Continued.*	M.	F.	M.	F.	M.	F.
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60	Encephalitis						
64	Cerebral hæmorrhage, apoplexy						
71	Convulsions of infants	1					
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79c	Aortic insufficiency						
79E	Mitral regurgitation						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia						
98A	Œdema of lungs						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction						
	VI. NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia						
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1					
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning						
169A	Traumatism in logging camp and sawmill						
171A	Traumatism by falling tree						
178A	Exposure						
185	Fractures (causes not specified)						
186	Other external violence						
		2					1
	ALBERNI DISTRICT—ANYOX.						
	I. GENERAL DISEASES.						
20	Purulent infection and septicæmia						
29	Acute miliary tuberculosis						
	II. DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis			1			
92D	Pneumonia following influenza			1			
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction						
	XI. DISEASES OF EARLY INFANCY.						
153	Lack of care	1					
153A	Still-born		4				
153B	Premature		1				
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
167	Burns (conflagration excepted)						
169	Accidental drowning						
170	Traumatism by firearms						
173	Traumatism in mines and quarries						
		1	5	2			

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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			1	3		1				5				2		1				1		15	2	17
						1																1		1
						1																1		1
				1																		1		1
											1												1	1
																							4	4
																							1	1
				1																		1		1
				1		2		1														3		3
				1																		1		1
						2																2		2
				4		6		1		1												14	6	20

CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
		M.	F.	M.	F.	M.	F.
	ALBERNI DIVISION—ATLIN.						
	I.—GENERAL DISEASES.						
45c	Cancer of tongue						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92b	Pneumonia following influenza						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Cræmia						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)						
	ALBERNI DIVISION—BELLA COOLA.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs						
45	Cancer and other malignant tumours of organs not specified						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis						
79	Organic diseases of the heart						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1					
92	Pneumonia						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach						
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)		1				
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation						
167	Burns (conflagration excepted)						
169	Accidental drowning						
185	Fractures (causes not specified)						
		1	1				
	ALBERNI DIVISION—FORT FRASER.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78	Acute endocarditis						
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
105	Diarrhœa and enteritis (2 years and over)						2
111	Acute yellow atrophy of the liver						

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
								1														1		1
										1													1	1
							1	1		1												2	1	3
										1												1		1
										1												1		1
							1	2		3	1											5	2	7
						1																1		1
							1																1	1
								1		1												2		2
												1										1		1
												1										1		1
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												1										1		1
								1												1		1		1
				1				1		1										2		4		4
						1		1														2		2
				1		2	1	4		2		3								3		16	2	18
			1																				1	1
												1										1		1
1																							2	2
												1										1		1

CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI DIVISION—FORT FRASER—*Continued.*	M.	F.	M.	F.	M.	F.
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
153c	Umbilical haemorrhage	1	...	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
166	Conflagration	...	...	1	1	1	...
169	Accidental drowning	...	...	...	...	1	...
		2	...	1	1	2	2
	ALBERNI DIVISION—HAZELTON.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	...	...	...	...	...	...
28	Tuberculosis of the lungs	...	...	...	...	...	...
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
62	Locomotor ataxia	...	...	...	...	...	...
64	Cerebral haemorrhage, apoplexy	...	...	...	...	...	...
66	Paralysis without specified cause	...	...	...	...	...	...
68	Other forms of mental alienation	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	...	...	...	...	...
79	Organic diseases of the heart	...	...	...	...	...	...
82	Embolism and thrombosis	...	...	...	...	...	...
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	...	...	...	...	...	...
92A	Lobar	1	...	...	...	...	...
98A	Œdema of lungs	...	...	...	...	...	...
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
118	Other diseases of digestive system (cancer and tuberculosis excepted)	1	...	...	...	...	...
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	...	1	...	...	...	...
153A	Still-born	...	1	...	...	...	...
153B	Premature	...	1	...	...	...	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	...	...	...	...	...	...
167	Burns (conflagration excepted)	...	...	...	...	...	...
170	Traumatism by firearms	...	...	...	...	...	...
171A	Traumatism by falling tree	...	...	...	...	...	...
172	Traumatism by fall	...	...	...	...	...	...
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	...	...	...	...	...	...
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	...	...	...	...	...	...
		2	3	...	...	...	...
	ALBERNI DIVISION—FORT ST. JOHN.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	...	...	...	...	...	...
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	...	...	...	...	...	...

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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		1																				[illegible]		[illegible]
		1	1									2										8	4	12
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						1																1		1
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI DIVISION—FORT ST. JOHN—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
179	Traumatism by firearms						
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined						
	ALBERNI DIVISION—HUDSON HOPE.						
	XII.—OLD AGE.						
154	Senility						
	ALBERNI DIVISION—POUCE COUPE.						
	I.—GENERAL DISEASES.						
9	Diphtheria					1	
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	1					
92b	Pneumonia following influenza						
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms						
186	Other external violence						
		1				1	
	ALBERNI DIVISION—PORTER'S LANDING.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs						
	ALBERNI DIVISION—PRINCE RUPERT.						
	I.—GENERAL DISEASES.						
1	Typhoid						
6	Measles						1
10	Influenza						1
20	Purulent infection and septicæmia						
28	Tuberculosis of the lungs						
32A	Tuberculosis of spine					1	
40	Cancer and other malignant tumours of the stomach, liver						
41	Cancer and other malignant tumours of peritoneum, intestines, rectum						
42	Cancer and other malignant tumours of the female genital organs						
46	Other tumours (tumours of the female genital organs excepted)						
50	Diabetes						
54A	Anæmia, pernicious						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60	Encephalitis						
64	Cerebral hæmorrhage, apoplexy						
66	Paralysis without specified cause						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis						
77A	Myocarditis						
79	Organic diseases of the heart						
80	Angina pectoris						
81c	Arteriosclerosis						

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI DIVISION—PRINCE RUPERT—*Continued.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	....	1	....	....	....	....
91	Bronchopneumonia	1	...	...	....	...	....
92	Pneumonia	...	...	...	...	...	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
110	Other diseases of the intestines	1	....	....	....	....	....
117A	Peritonitis-appendicitis	....	..	....	....	1	....
118	Other diseases of digestive system (cancer and tuberculosis excepted)	1	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease	....	....	....	....	....	...
120A	Uræmia	....	...	...	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	...	1	...	....	....	....
153A	Still-born	3	3	...	...	....	....
153B	Premature	1	2	....	....	....	....
153E	Hæmorrhagica neonatorum	1	1	....	...	...	...
	XII.—OLD AGE						
154	Senility	....	...	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	...	....
160	Suicide by cutting or piercing instruments	....	...	....	....	....	....
169	Accidental drowning	....	....	...	....	....	....
169A	Traumatism in logging camp and sawmill	...	...	....	....	..	....
171	Traumatism by cutting or piercing instruments	...	....	..	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	...	...	....	....	...
175A	Traumatism not specified	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
		8	8	....	....	2	2
	ALBERNI DIVISION—QUATSINO.						
	I.—GENERAL DISEASES.						
29	Acute miliary tuberculosis	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117	Simple peritonitis (non-puerperal)	1	....	...	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	....	...	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
152B	Asphyxia	....	1	....	....	....	....
		2	1	....	....	....	....
	ALBERNI DIVISION—QUEEN CHARLOTTE.						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	...	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	1
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	...	....	....	....	....	....
		...	1	...	....	....	1

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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					1	1	1															1	2	3
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1		2		4	4	9	1	8		5	3	5	2	2		1	1			2	1	48	23	71
								1														1		1
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										1														1
																						2		2
								1		1												3	1	4
										1												1		1
																							1	1
																						1		1
																						2		2
								1		1												3	2	5

CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ALBERNI DIVISION—STEWART.	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117A	Peritonitis-appendicitis	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
		....	....	....	....	....	....
	ASHCROFT DIVISION—ASHCROFT.						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
81C	Arteriosclerosis	....	....	....	....	....	....
85	Hæmorrhage	1	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
86	Diseases of the nasal fossæ	....	..	....	....	....	....
91	Bronchopneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction	...	....	...	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	...
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
166	Conflagration	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
189B	Opium poisoning	....	....	....	....	....	....
		1	....	....	....	...	....
	ASHCROFT DIVISION—BARKERVILLE.						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
81C	Arteriosclerosis	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
172	Traumatism by fall	....	....	....	....	....	....
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	ASHCROFT DIVISION—SOUTH FORT GEORGE.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	...	...	...	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	...	....	...
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	...	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61C	Lethargica encephalitis	...	..	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ASHCROFT DIVISION—SOUTH FORT GEORGE—*Continued.*	M.	F.	M.	F.	M.	F.
	III.—Diseases of the Circulatory System.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—Diseases of the Respiratory System.						
91	Bronchopneumonia	....	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—Diseases of the Digestive System.						
104	Diarrhœa and enteritis (under 2 years)	....	1	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
	XI.—Diseases of Early Infancy.						
151A	Accident of labour	....	1	....	....	....	....
153A	Still-born	2	1	....	....	....	....
153B	Premature	3	1	....	....	....	....
	XIII.—Affections produced by External Causes.						
169	Accidental drowning	....	....	....	....	1	....
186	Other external violence	....	....	....	....	....	....
		5	4	....	....	1	....
	ASHCROFT DIVISION—TETE JAUNE CACHE.						
	IV.—Diseases of the Respiratory System.						
92D	Pneumonia following influenza	..	..	....	....	....	....
	V.—Diseases of the Digestive System.						
104	Diarrhœa and enteritis (under 2 years)	....	1	....	....	....	....
	VI.—Non-venereal Diseases of Genito-Urinary System and Annexa.						
120	Bright's disease	....	....	....	....	....	....
	XII.—Old Age.						
154	Senility	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.						
167	Burns (conflagration excepted)	....	....	....	....	....	....
		....	1	....	....	....	....
	ASHCROFT DIVISION—CLINTON.						
	IV.—Diseases of the Respiratory System.						
91	Bronchopneumonia	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
	VII.—The Puerperal State.						
137D	Eclampsia	....	....	....	....	....	....
	XIII.—Affections produced by External Causes.						
169	Accidental drowning	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
180	Lightning	....	....	....	....	....	....
		....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ASHCROFT DIVISION—LILLOOET.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
14	Dysentery	....	1	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants	....	1	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79E	Mitral regurgitation	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	1	....	....	....	....	....
92E	Hypostatic pneumonia	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
152	Other diseases peculiar to early infancy	....	....	1	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
		1	2	1	....	....	....
	ASHCROFT DIVISION—QUESNEL.						
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
132	Salpingitis and other diseases of the female genital organs	....	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
173A	Traumatism by railway-construction	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		....	..	..	....	....	....
	ASHCROFT DIVISION—150-MILE HOUSE.						
	I.—GENERAL DISEASES.						
11	Miliary fever	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
31	Abdominal tuberculosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
88	Diseases of the thyroid body	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
		....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	ASHCROFT DIVISION—YALE.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
10	Influenza	....	1	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	..	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	1	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153B	Premature	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
186	Other external violence	....	....	....	....	....	....
		1	2	....	....	....	....
	FAIRVIEW DIVISION—FAIRVIEW.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	....	....	....	....	....	....
9A	Croup	....	....	....	....	1	1
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of peritoneum, intestines, rectum	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	...
79B	Valvular disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	1	....	1	1	....	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	2	....	1	....	1	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
100	Diseases of the pharynx	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	..	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151B	Non-assimilation of food	1	....	....	....	....	....
153B	Premature	....	1	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW DIVISION—FAIRVIEW—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	...	...	....	1	1	1
170	Traumatism by firearms	....	....	....	..	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	...	....	....	...	....
		4	1	2	2	3	2
	FAIRVIEW DIVISION—GREENWOOD.						
	I.—GENERAL DISEASES.						
20	Purulent infection and septicæmia	....	....	....	..	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
63	Other diseases of the spinal cord	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	...	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
90	Chronic bronchitis	...	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	1	....	..	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
109	Hernia, intestinal obstruction	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	2	....	....	..	....	....
		2	1	....	....	....	....
	FAIRVIEW DIVISION—GRAND FORKS.						
	I.—GENERAL DISEASES.						
9	Diphtheria	....	....	....	....	....	....
18	Erysipelas	....	1	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	...	....	....	1	....
66	Paralysis without specific cause	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
80	Angina pectoris	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	...	....
93	Pleurisy	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
110	Other diseases of the intestines	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	...	...	....	..	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW DIVISION—GRAND FORKS—*Continued.*	M.	F.	M	F.	M.	F
	VII.—THE PUERPERAL STATE.						
139	Puerperal phlegmasia alba dolens, embolus, sudden death	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	2	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155A	Suicide by poison	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	1	....
169	Accidental drowning	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
182	Homicide by firearms	....	....	....	....	....	....
		3	2	....	....	2	....
	FAIRVIEW DIVISION—KAMLOOPS.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
7	Scarlet fever	....	....	....	....	....	1
8	Whooping-cough	1	1	....	....	....	....
10	Influenza	1	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	1	1
30	Tubercular meningitis	....	....	....	....	....	....
39G	Cancer of cervix	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
45	Cancer and other malignant tumours of organs not specified	....	....	....	....	....	....
45A	Cancer of bladder	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	1	....	....
61B	Cerebrospinal meningitis	....	....	....	....	....	1
61C	Encephalitis lethargica	....	....	....	....	....	....
62	Locomotor ataxia	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	2	2	....	....	....	....
73	Neuralgia and neuritis	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
81	Diseases of the arteries	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
84B	Hodgkin's disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	....	....	....	....	....	....
88	Diseases of the thyroid body	....	....	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	....	....	....	1	....	....
92	Pneumonia	2	2	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW DIVISION—KAMLOOPS—*Continued.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM—*Continued.*						
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	....	1	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
98B	Abscess of lung	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103B	Ileocolitis	....	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	1
108	Appendicitis and typhlitis	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
118	Other diseases of the digestive system (cancer and tuberculosis excepted)	....	1	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120	Bright's disease	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
124A	Suppression of urine	....	....	....	....	....	....
126	Diseases of the prostate	....	....	....	....	....	....
133A	Cholecystitis	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
140	Following childbirth (not otherwise defined)	....	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
146	Diseases of the bones (tuberculosis excepted)	....	....	....	....	....	1
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	2	....	....	....	....	....
151B	Non-assimilation of food	....	1	....	....	....	....
152	Other diseases peculiar to early infancy	....	1	....	....	....	....
152A	Atelectasis	2	....	....	....	....	....
153A	Still-born	3	1	....	....	....	....
153B	Premature	3	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
159	Suicide by firearms	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187	Ill-defined organic disease	....	....	....	....	....	....
		17	12	....	2	2	5

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW DIVISION—NICOLA.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
68	Other forms of mental alienation	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	1	....	....	....	....
92	Pneumonia	1	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	1	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
		3	1	....	1	....	....
	FAIRVIEW DIVISION—PRINCETON.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
36	Rickets	1	....	....	....	....	....
51A	Goitre not specified	....	....	....	....	....	....
56A	Alcoholism, chronic	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
71	Convulsions of infants	1	2	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
108	Appendicitis and typhlitis	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	....	....	....	....	....
153B	Premature	....	1	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW DIVISION—PRINCETON—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
158	Suicide by drowning	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
170	Traumatism by firearms	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
177	Starvation	....	....	....	....	....	....
178	Excessive cold	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	1	....	....	....	....	....
		4	3	....	....	1	....
	FAIRVIEW DIVISION—VERNON.						
	1.—GENERAL DISEASES.						
6	Measles	....	1	....	....	1	....
10	Influenza	....	....	....	....	....	....
18	Erysipelas	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
39B	Cancer of jaw	....	....	....	....	....	....
39C	Cancer of œsophagus	....	....	....	....	....	....
39F	Cancer of throat	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
45	Cancer and other malignant tumours of organs not specified	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	....	....	1
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	....	....	....	....	....	1
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis	....	....	....	....	....	....
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79B	Valvular disease	....	....	....	....	....	....
79D	Fatty degeneration of heart	....	....	....	....	....	....
79E	Mitral regurgitation	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
85	Hæmorrhage	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	1	....	....	1	....	....
92	Pneumonia	....	....	....	....	....	....
92A	Lobar	....	1	....	....	....	....
92C	Septic pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	1	....	....	....
92F	Pleuropneumonia	....	....	....	....	....	....
94	Pulmonary congestion, pulmonary apoplexy	....	....	....	....	....	....
96	Asthma	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	....
110	Other diseases of the intestines	....	....	....	....	....	....
110A	Enterocolitis	....	....	....	1	....	....
115	Other diseases of the liver	1	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	FAIRVIEW DIVISION—VERNON—*Continued.*	M.	F.	M.	F.	M.	F.
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
138	Puerperal albuminuria and convulsions	....	....	....	....	....	....
140	Following childbirth (not otherwise defined)	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	1	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....
151B	Non-assimilation of food	1	....	....	....	....	....
153A	Still-born	1	1	....	....	....	....
153B	Premature	6	5	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
173A	Traumatism by railway-construction	....	....	....	....	....	....
175A	Traumatism not specified	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
186A	Explosion of dynamite	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187	Ill-defined organic disease	....	....	....	....	....	....
187A	Dropsy	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	1	....	....	....	....	....
		12	10	1	2	1	2
	VANCOUVER DIVISION—VANCOUVER CITY.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
6	Measles	1	....	....	....	....	1
7	Scarlet fever	....	....	....	....	1	....
8	Whooping-cough	2	1	....	....	....	....
9	Diphtheria	....	....	....	....	2	3
10	Influenza	....	....	....	....	....	....
14	Dysentery	....	....	....	....	....	....
18	Erysipelas	1	....	....	....	....	....
20	Purulent infection and septicæmia	1	1	....	....	....	1
24	Tetanus, superinduced by infected corn, right foot, amputation breast	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	1	1	1	3	3	4
30A	Tubercular peritonitis	....	....	....	....	....	....
31	Abdominal tuberculosis	....	....	....	....	1	....
32A	Tuberculosis of spine	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....
34B	Tuberculosis of bowels	....	....	....	....	....	....
35	Disseminated tuberculosis, kidneys, and lungs	....	....	....	....	....	....
35A	Disseminated tuberculosis, lungs, and larynx	....	....	....	....	....	....
35B	Disseminated tuberculosis, lungs, bowels, and kidney	....	....	....	....	....	....
35C	Tuberculosis not specified	....	....	....	....	....	....
37	Syphilis	1	1	....	....	....	....
37A	Syphilis, congenital	....	1	....	....	....	....
39	Cancer and other malignant tumours of the buccal cavity	....	....	....	....	....	....
39B	Cancer of jaw	....	....	....	....	....	....
39C	Cancer of œsophagus	....	....	....	....	....	....
39D	Cancer of larynx	....	....	....	....	....	....
39E	Cancer of pancreas	....	....	....	....	....	....
39F	Cancer of throat	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—VANCOUVER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES—*Continued.*						
39B	Cancer of glands of neck						
40	Cancer and other malignant tumours of the stomach, liver						
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum						
42	Cancer and other malignant tumours of the female genital organs						
43	Cancer and other malignant tumours of the breast						
44A	Cancer of lung						
44B	Cancer of prostate						
45	Cancer and other malignant tumours of organs not specified						
45A	Cancer of bladder						
45B	Intracranial abscess						
45C	Cancer of tongue						
45D	Cancer of kidney						
46	Other tumours (tumours of the female genital organs excepted)						
50	Diabetes						
50A	Diabetes mellitus						
51	Exophthalmic goitre						
51A	Toxic adenomatous goitre						
51B	Goitre not specified						
53	Leucheemia	1					
54A	Anæmia, pernicious			1			
56	Alcoholism, acute						
56A	Alcoholism, chronic						
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
60	Encephalitis						
61	Meningitis	1	1	1			2
61B	Cerebrospinal meningitis						
61C	Encephalitis lethargica						
62	Locomotor ataxia						
63	Other diseases of the spinal cord						
63A	Acute anterior poliomyelitis						
64	Cerebral hæmorrhage, apoplexy	3	2				
65	Softening of the brain						
66	Paralysis without specified cause						
69	Epilepsy						
70	Convulsions (non-puerperal)					1	
71	Convulsions of infants	4	3	3	1		
76	Diseases of the ears						
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis						1
77A	Myocarditis						1
78	Acute endocarditis						
78A	Endocarditis following rheumatism						
78B	Cardiac dropsy						
79	Organic diseases of the heart						
79B	Valvular disease						
79C	Aortic insufficiency						
79D	Fatty degeneration of heart						
79E	Mitral regurgitation						
79G	Mitral stenosis						
80	Angina pectoris						
81	Diseases of the arteries						
81A	Atheroma						
81B	Aneurism						
81C	Arteriosclerosis						
82	Embolism and thrombosis						
84B	Hodgkin's disease						
85	Hæmorrhage						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	1					
90	Chronic bronchitis	1		1			
90A	Capillary bronchitis following influenza	1					
91	Bronchopneumonia	8	2		2	1	
92	Pneumonia		3	3		2	
92A	Lobar	1	1		2		1
92B	Following operation						
92D	Pneumonia following influenza		1	1	1		
92E	Hypostatic pneumonia						
93	Pleurisy						
94	Pulmonary congestion, pulmonary apoplexy						
96	Asthma						
97A	Pulmonary embolism						
98	Other diseases of the respiratory system (tuberculosis excepted)						
98A	Œdema of lungs						1

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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....	....	1	3	1	5	10	3	12	4	4	5	8	2	6	2	1	....	....	....	....	....	48	27	75
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2	1	4	....	7	17	20	16	13	6	3	3	2	2	1	....	....	....	....	....	....	....	53	47	100
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—VANCOUVER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
99	Diseases of the mouth and annexa	....	....	....	....	....	1
100	Diseases of the pharynx	....	....	1	....	....	....
102	Ulcer of the stomach	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
103A	Gastritis	1	....	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	4	3	....	4	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....
108	Appendicitis and typhlitis	....	....	....	....	1	....
109	Hernia, intestinal obstruction	....	....	....	....	..	....
110	Other diseases of the intestines	....	....	....	....	....	....
110A	Enterocolitis	....	....	....	....	....	....
110B	Mucous colitis	1	....	....	....	....	....
111	Acute yellow atrophy of the liver	....	....	....	....	....	....
112	Hydatid tumour of the liver	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
114	Biliary calculi	....	....	....	....	....	....
115	Other diseases of the liver	....	....	....	....	....	....
117	Simple peritonitis (non-puerperal)	1	....	....	....	....	....
117A	Peritonitis-appendicitis	....	....	....	....	....	....
117B	Peritonitis, gastric ulcer perforated	....	....	....	....	....	....
118A	Pancreatitis, acute hæmorrhage	....	....	....	....	..	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	.	1	....	....	....	....
120	Bright's disease	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
123	Calculi of the urinary passages	....	....	....	....	....	....
124	Diseases of the bladder	....	....	....	....	....	....
124A	Suppression of urine	....	....	....	....	....	....
129	Uterine tumour (non-cancerous)	....	....	....	....	....	....
130	Diseases of the uterus	....	....	....	....	....	....
131	Cysts and other tumours of the ovary	....	....	....	....	....	....
133A	Cholecystitis	....	....	....	....	....	....
133B	Interstitial nephritis	....	....	....	....	....	....
133C	Spontaneous rupture of bladder	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
134	Accidents of pregnancy	....	....	....	....	....	....
135A	Puerperal peritonitis	....	....	..	....	....	....
136	Other accidents of labour	....	....	....	....	....	....
137	Puerperal septicæmia	....	....	....	....	....	....
137C	Induced abortion	....	....	....	....	....	....
137D	Eclampsia	....	....	....	....	....	....
138	Puerperal albuminuria and convulsions	....	....	....	....	....	....
141D	Septic abortion	....	....	....	....	....	....
141E	Breach delivery	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
142A	Diabetic gangrene	....	....	....	....	....	....
145A	Impetigo neonatorum	1	....	....	....	....	....
	IX.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION.						
146	Diseases of the bones (tuberculosis excepted)	1	....	....	....	....	....
149A	Osteomyelitis	....	....	....	....	....	....
149B	Rheumatic arthritis	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	7	6	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	3	2	....	....	....	....
151A	Accident of labour	4	2	....	....	....	....
151B	Non-assimilation of food	8	2	....	....	....	....
151C	Hydrocephalus	1	....	....	....	....	....
152	Other diseases peculiar to early infancy	1	....	....	....	....	....
152A	Atelectasis	1	1	....	....	....	....
153A	Still-born	86	49	....	....	....	....
153B	Premature	41	40	....	....	....	....
153C	Umbilical hæmorrhage	1	....	....	....	....	....
153D	Injury by forceps at birth	2	....	....	....	....	....
153E	Hæmorrhagica neonatorum	3	4	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—VANCOUVER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
157	Suicide by hanging or strangulation	....	....	....	....	....	....
158	Suicide by drowning	....	....	....	....	....	....
159	Suicide by firearms	....	....	....	....	....	....
160	Suicide by cutting or piercing instruments	....	....	....	....	....	....
161	Suicide by jumping from a high place	....	....	....	....	....	....
162	Suicide by crushing	....	....	....	....	....	....
163	Other suicides	....	....	....	....	....	....
164	Poisoning by food	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....
166	Conflagration	....	....	....	....	....	....
167	Burns (conflagration excepted)	....	....	....	....	1	1
168	Absorption of deleterious gases (conflagration excepted)	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	1	....	1	....
175A	Traumatism not specified	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....
178A	Exposure	....	....	1	....	....	....
181	Electricity (lightning excepted)	....	....	....	....	....	....
182	Homicide by firearms	....	....	....	....	....	....
183	Homicide by cutting or piercing instruments	1	....	....	....	....	....
184	Homicide by other means	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
186A	Explosion, gas-tank	....	....	....	....	....	....
186B	Explosion, detonating-caps	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
		196	128	14	13	15	17
	VANCOUVER DIVISION—NORTH VANCOUVER CITY.						
	I.—GENERAL DISEASES.						
1	Typhoid fever	....	....	....	....	....	....
9	Diphtheria	....	....	....	....	....	1
10	Influenza	....	....	....	....	....	....
14	Dysentery	2	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
39F	Cancer of throat	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
70	Convulsions (non-puerperal)	....	....	....	....	....	....
71	Convulsions of infants	2	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
85	Hæmorrhage	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	....	....	....	....	....
92	Pneumonia	1	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
92E	Hypostatic pneumonia	1	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—NORTH VANCOUVER CITY—*Continued.*	M.	F.	M.	F.	M.	F.
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
113	Cirrhosis of the liver	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120	Bright's disease	....	....	....	....	....	....
122	Other diseases of the kidneys and annexa	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
135	Puerperal hæmorrhage	....	....	....	....	....	....
137	Puerperal septicæmia	....	....	....	....	....	....
137B	Uræmia of pregnancy	....	....	....	....	....	....
137D	Eclampsia	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
152	Other diseases peculiar to early infancy	1	....	....	....	....	....
153A	Still-born	8	4	....	....	....	....
153B	Premature	3	....	....	....	....	....
153E	Hæmorrhagica neonatorum	....	1	....	....	....	....
153F	Protracted labour	....	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
185	Fractures (causes not specified)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187A	Dropsy	....	....	....	....	....	....
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		20	6	....	....	...	1
	VANCOUVER DIVISION—NORTH VANCOUVER DISTRICT.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
36	Rickets	....	1	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	1	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78A	Endocarditis following rheumatism	....	....	....	....	....	....
79A	Cardiac paralysis	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	2	....	....	....	....	....
153B	Premature	1	2	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—NORTH VANCOUVER DISTRICT—*Continued.*	M.	F.	M.	F.	M.	F.
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
171A	Traumatism by falling tree	....	....	....	....	....	....
174	Traumatism by machines	....	....	....	....	....	....
186	Other external violence	....	....	....	....	....	....
		3	3	...	1	....	....
	VANCOUVER DIVISION—POINT GREY.						
	I.—GENERAL DISEASES.						
20	Purulent infection and septicæmia	...	....	....	....	1	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
28A	Tubercular laryngitis	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
30A	Tubercular peritonitis	....	....	....	....	....	....
33A	Tuberculosis of joint	....	....	....	....	....	....
39B	Cancer of jaw	....	....	....	....	....	....
39C	Cancer of œsophagus	....	....	....	....	....	....
39E	Cancer of pancreas	....	....	....	....	....	....
41	Cancer and other malignant tumours of peritoneum, intestines, rectum	....	....	....	....	....	....
44B	Cancer of prostate	....	....	....	....	....	....
46	Other tumours (tumours of the female genital organs excepted)	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
53	Leuchæmia	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
62	Locomotor ataxia	....	....	....	....	....	....
63	Other diseases of the spinal cord	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
68	Other forms of mental alienation	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78B	Cardiac dropsy	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	1
92	Pneumonia	....	1	1	....	....	....
92A	Lobar	....	....	....	....	....	....
92B	Pneumonia following influenza	....	....	....	....	....	....
98A	Œdema of lungs	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
102	Ulcer of the stomach	....	....	....	....	....	....
109	Hernia, intestinal obstruction	....	....	....	....	....	...
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
	IX.—DISEASES OF BONES AND ORGANS OF LOCOMOTION.						
147	Diseases of the joints (tuberculosis and rheumatism excepted)	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	1	...	...	....	....
153B	Premature	1	....	....	....	....	...

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—POINT GREY—*Continued.*	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.						
154	Senility	...	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
		3	2	1	....	1	1
	VANCOUVER DIVISION—RICHMOND.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	1	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
43	Cancer and other malignant tumours of the breast	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	1	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
92E	Hypostatic pneumonia	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
103A	Gastritis	1	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
120A	Uræmia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
158	Suicide by drowning	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
170	Traumatism by firearms	....	....	....	....	....	....
172	Traumatism by fall (æroplane accident)	....	....	....	....	....	....
		2	....	....	2	1	....
	VANCOUVER DIVISION—SOUTH VANCOUVER.						
	I.—GENERAL DISEASES.						
7	Scarlet fever	....	....	....	....	....	....
8	Whooping-cough	....	1	....	1	....	....
9	Diphtheria	....	....	....	....	....	1
10	Influenza	....	....	....	....	....	....
20	Purulent infection and septicæmia	....	....	....	....	....	....
28	Tuberculosis of the lungs	1	....	....	....	1	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
31	Abdominal tuberculosis	....	....	....	....	....	....
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
41	Cancer and other malignant tumours of the peritoneum, intestines, rectum	....	....	....	....	....	....
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
44	Cancer and other malignant tumours of the skin	....	....	....	....	....	....
45	Cancer and other malignant tumours of organs not specified	....	....	....	....	....	....
45A	Cancer of bladder	....	....	....	....	....	....
50	Diabetes	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—SOUTH VANCOUVER—*Continued.*	M.	F.	M.	F.	M.	F.
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	1	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
77	Pericarditis	....	....	....	....	....	....
77A	Myocarditis	....	....	....	....	....	....
78	Acute endocarditis	....	....	....	....	....	....
79	Organic diseases of the heart	....	....	....	....	....	....
79E	Valvular disease	1	....	....	....	....	....
79G	Mitral stenosis	....	....	....	....	....	....
80	Angina pectoris	....	....	....	....	....	....
81B	Aneurism	....	....	....	....	....	....
81C	Arteriosclerosis	....	....	....	....	....	....
82	Embolism and thrombosis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
87	Diseases of the larynx	....	1	....	....	....	....
89	Acute bronchitis	1	..	....	....	....	....
90	Chronic bronchitis	....	....	....	....	....	....
91	Bronchopneumonia	2	3	2	....	....	....
92	Pneumonia	....	1	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92C	Septic pneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	1	....	1	1	....
92E	Hypostatic pneumonia	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103A	Gastritis	....	1	....	....	....	....
104	Diarrhœa and enteritis (under 2 years)	1	....	....	....	....	....
105	Diarrhœa and enteritis (2 years and over)	....	....	....	....	....	....
111	Acute yellow atrophy of the liver	....	....	....	....	....	....
112	Hydatid tumour of the liver	....	....	....	....	....	....
	VI.—NON-VENEREAL DISEASES OF GENITO-URINARY SYSTEM AND ANNEXA.						
119	Acute nephritis	....	....	....	....	....	....
120A	Uræmia	....	....	....	....	....	....
133A	Cholecystitis	....	....	....	....	....	....
	VII.—THE PUERPERAL STATE.						
137	Puerperal septicæmia	....	....	....	....	....	....
	VIII.—DISEASES OF THE SKIN AND OF CELLULAR TISSUE.						
142	Gangrene	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	2	1	....	....	....	....
152A	Atelectasis	....	1	....	....	....	....
153A	Still-born	5	3	....	....	....	....
153B	Premature	4	3	....	....	....	....
153E	Hæmorrhagica neonatorum	....	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
165	Other acute poisonings	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	1
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
186	Other external violence	....	1	....	....	....	....
186A	Infanticide	1	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
187	Ill-defined organic disease	....	....	....	....	....	....
187A	Dropsy	....	....	....	....	....	....
		20	18	2	2	2	2

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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2	4	2	4	2	9	2	2	8	3	3	7	15	5	11	6	1	6	1	1	....	....	71	69	140

CAUSES OF DEATH, JULY, 1919, TO

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	VANCOUVER DIVISION—OUTSIDE.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
42	Cancer and other malignant tumours of the female genital organs	....	....	....	....	....	....
51	Exophthalmic goitre	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79B	Valvular disease	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
92A	Lobar	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	X.—MALFORMATIONS.						
150	Congenital malformation (still-births not included)	....	1	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	2	....	....	....	....	....
153B	Premature	1	....	....	....	....	....
153E	Hæmorrhagica neonatorum	....	1	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
169A	Traumatism in logging camp and sawmill	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	....	....
172	Traumatism by fall	....	....	....	....	....	....
173	Traumatism in mines and quarries	....	....	....	....	....	....
182A	Accidentally smothered in bed	1	....	....	....	....	....
		4	2	..	....	....	....
	VANCOUVER DIVISION—WEST VANCOUVER.						
	1.—GENERAL DISEASES.						
40	Cancer and other malignant tumours of the stomach, liver	....	....	....	....	....	....
45A	Cancer of bladder	...	....	....	....	....	....
50A	Diabetes mellitus	....	....	....	....	....	....
54A	Anæmia, pernicious	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92D	Pneumonia following influenza	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
117	Simple peritonitis (non-puerperal)	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	1	1	..	....	....	....
153B	Premature	2	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
		3	1	..	...	....	....

JUNE (INCLUSIVE), 1920—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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RETURNS OF DEATHS OF INDIANS BY AGENCIES,

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	BABINE AGENCY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	1
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	....	....	....
176	Injuries by animals	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		....	....	....	....	....	1
	BELLA COOLA AGENCY.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
32A	Tuberculosis of spine	....	....	....	....	1	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	1	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
155	Suicide by poison	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	1	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	1	....	....	1	....
		1	1	....	....	3	....
	COWICHAN AGENCY.						
	I.—GENERAL DISEASES.						
8	Whooping-cough	....	....	....	....	1	....
10	Influenza	....	....	....	1	....	2
28	Tuberculosis of the lungs	....	....	....	....	....	....
30A	Tubercular peritonitis	1	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61B	Cerebrospinal meningitis	....	....	....	....	....	1
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	1	....	....	....	....	....
92	Pneumonia	....	....	....	....	2	....
92D	Pneumonia following influenza	....	....	....	....	....	....
93	Pleurisy	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	3	1	4
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	COWICHAN AGENCY—*Continued.*	M.	F.	M.	F.	M.	F.
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	1	1	....	1	....	....
		3	2	....	2	3	3
	KAMLOOPS AGENCY.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
85	Hæmorrhage	....	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
188	Sudden death	....	....	....	....	....	2
		....	....	....	....	....	2
	KOOTENAY AGENCY.						
	I.—GENERAL DISEASES.						
10	Influenza	1	1	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	....	....	1	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		1	1	....	1	....	....
	KWAWKEWLTH AGENCY.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
34B	Tuberculosis of bowels	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
71	Convulsions of infants	....	....	....	....	....	1
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	1	....	....	....

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1	....	...	....	....	....	...	....	..	....	...	....	....	....	....	...	...	....	....	....	....	....	2	2	4
2	....	1	3	2	2	3	1	....	...	....	....	...	..	2	1	2	3	1	1	...	2	19	20	39
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RETURNS OF DEATHS OF INDIANS BY AGENCIES.

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	KWAWKEWLTH AGENCY—*Continued.*	M.	F.	M.	F.	M.	F.
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
		....	....	1	....	....	1
	* Sex not given, 2. LYTTON AGENCY.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
34A	Fibroid phthisis	1	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
70	Convulsions (non-puerperal)	....	....	1	....	....	....
71	Convulsions of infants	....	....	1	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
90	Chronic bronchitis	....	....	....	....	....	....
92	Pneumonia	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153A	Still-born	....	*	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
159	Suicide by firearms	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
170	Traumatism by firearms	....	....	....	....	1	....
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	1	....	....	....	....	....
		2	*	2	....	1	....
	NASS RIVER AGENCY.						
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
		....	....	....	....	....	....
	NEW WESTMINSTER AGENCY.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
61	Meningitis	....	....	....	....	....	1
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
81c	Arteriosclerosis	....	....	....	....	....	....

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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RETURNS OF DEATHS OF INDIANS BY AGENCIES,

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	NEW WESTMINSTER AGENCY—*Continued.*	M.	F.	M.	F.	M.	F.
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	1	...	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103	Other diseases of the stomach (cancer excepted)	1	4	1	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169A	Traumatism in logging camp and sawmill	....	....	...	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		1	5	1	..	....	1
	OKANAGAN AGENCY.						
	I.—GENERAL DISEASES.						
5	Smallpox	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78	Acute endocarditis	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	...	1	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
175	Traumatism by other crushing (railroad, landslides, vehicles, etc.)	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	..	....	....	1	....
		...	....	...	1	1	....
	QUEEN CHARLOTTE AGENCY.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	...	....	....	....	....	....
31	Abdominal tuberculosis	....	....	...	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
65	Softening of the brain	....	....	....	....	....	....
71	Convulsions of infants	....	1	...	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78A	Endocarditis following rheumatism	....	....	..	..	....	....
79	Organic diseases of the heart	....	....	....	...	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
89	Acute bronchitis	1	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	1	....	....	....
		1	1	1	....	....	....

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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RETURNS OF DEATHS OF INDIANS BY AGENCIES,

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	SKEENA RIVER AGENCY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
29	Acute miliary tuberculosis	....	....	....	....	....	....
34	Tuberculosis of other organs	....	....	....	....	....	....
59	Other chronic poisonings	....	1	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
62	Locomotor ataxia	....	....	....	....	....	....
64	Cerebral hæmorrhage, apoplexy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
85	Hæmorrhage	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	1	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	1	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
169	Accidental drowning	....	....	....	....	....	....
		1	1	....	1	....	....
	STIKINE AGENCY.						
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	....	....
30	Tubercular meningitis	....	....	....	....	....	....
35A	Tuberculosis not specified	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
71	Convulsions of infants	....	....	....	1	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
79	Organic diseases of the heart	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
91	Bronchopneumonia	....	....	....	....	....	....
92	Pneumonia	....	1	1	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
110	Other diseases of the intestines	....	....	....	....	....	....
110A	Enterocolitis	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153B	Premature	....	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	....	....	....	....	....	....
		....	2	1	1	....	....

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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3	....	4	1	3	6	1	2	1	2	2	....	....	2	1	1	..	1	....	....	....	....	16	18	34

RETURNS OF DEATHS OF INDIANS BY AGENCIES,

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	STUART LAKE AGENCY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
10	Influenza	....	....	....	....	....	....
28	Tuberculosis of the lungs	....	....	....	....	1	....
35A	Tuberculosis not specified	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
66	Paralysis without specified cause	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
151	Congenital debility, icterus, and sclerema	....	....	....	....	....	....
153B	Premature	1	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
170	Traumatism by firearms	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	1	....	....	3	....	....
		2	1	....	3	1	....
	WEST COAST AGENCY.						
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	1	....	....	....
35A	Tuberculosis not specified	....	....	....	....	1	....
37	Syphilis	....	....	....	....	....	....
	II.—DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE.						
69	Epilepsy	....	....	....	....	....	....
	III.—DISEASES OF THE CIRCULATORY SYSTEM.						
78A	Endocarditis following rheumatism	....	....	....	....	....	....
	IV.—DISEASES OF THE RESPIRATORY SYSTEM.						
92	Pneumonia	....	....	....	....	....	....
	V.—DISEASES OF THE DIGESTIVE SYSTEM.						
103	Other diseases of the stomach (cancer excepted)	....	....	....	....	....	....
	XI.—DISEASES OF EARLY INFANCY.						
153	Lack of care	1	1	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIII.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
167	Burns (conflagration excepted)	....	....	....	....	....	....
169	Accidental drowning	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	3	....	....	....	....	....
		4	1	1	....	1	....

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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2	....	2	3	4	1	1	....	3	....	2	....	1	4	1	...	....	4	....	....	1	1	23	14	37

RETURNS OF DEATHS OF INDIANS BY AGENCIES,

Classification No.	CAUSE OF DEATH. (After the Bertillon Classification Causes of Death, Second International Decennial Revision, Paris, 1909.)	Under 1 year.		1 to 2 years.		2 to 5 years.	
	WILLIAMS LAKE AGENCY.	M.	F.	M.	F.	M.	F.
	I.—GENERAL DISEASES.						
28	Tuberculosis of the lungs	....	....	....	....	....	....
	XII.—OLD AGE.						
154	Senility	....	....	....	....	....	....
	XIV.—ILL-DEFINED DISEASES.						
189	Cause of death not specified or ill-defined	3	2	....	2	...	....
		3	2	....	2	....	....

DEPT. OF EPIDEMIOLOGY

JULY, 1919, TO JUNE, 1920 (INCLUSIVE)—*Continued.*

5 to 10 years.		10 to 20 years.		20 to 30 years.		30 to 40 years.		40 to 50 years.		50 to 60 years.		60 to 70 years.		70 to 80 years.		80 to 90 years.		90 and upwards.		Age not given.		Total by Sexes.		Total Deaths.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
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1920.

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185
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1917-
1919/20

British Columbia. Dept. of Health Services and Hospital Insurance. Health Branch
Report of the public health services of British Columbia

Biological
& Medical
Serials

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